



Society of Young Mathematicians



Application Form Aug 2016 – Sept 2017

Please enrol me as a member of the *Society of Young Mathematicians*.

Full Name _____

Address _____
(journals will be posted to this address)

County _____

Postcode _____

Date of Birth ____/____/____ School Year _____

School/College _____

Email Address _____

Signature: _____ Parent / Guardian's signature (if under 16): _____

Payment for SYMS Membership

Please give details of the person paying, if it is not the SYMS member.

Name _____

Address _____

County _____ Postcode _____

Please send a cheque (payable to The Mathematical Association) for £10.99 (£14.99 for airmail to Europe, £18.99 for airmail outside Europe) to The Mathematical Association, 259 London Road, Leicester LE2 3BE (Tel 0116 221 0013), or give card details below:

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