



**SYMS Membership Application form Sept 2019 - Aug 2020**

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, a DD mandate form is also enclosed or give card details below:

Please debit Visa/Mastercard/Maestro card N<sup>o</sup>: \_\_\_\_\_

Expiry Date: \_\_\_\_\_ Issue N<sup>o</sup> (if applicable) \_\_\_\_\_ Valid From: \_\_\_\_\_

Security N<sup>o</sup>: \_\_\_\_\_ Cardholders Name: \_\_\_\_\_  
 (last three digits on reverse of card)

Signed: \_\_\_\_\_ Date: \_\_\_\_\_

