



Singapore Mathematical Society

APPLICATION / RENEWAL FOR INSTITUTIONAL MEMBERSHIP

1. **Name of Institution:**

2. **Has your institution been an SMS member before?** YES* / NO*

3. **Contact Person:**

Title: Dr* / Mr* / Mrs* / Ms* (Please delete where inapplicable.)

Name:

Appointment / Designation:.....

Email address:

Mailing address:

.....

.....

Phone number: (O).....(H/P).....

.....
Date

.....
Signature

Payment for annual membership fee of S\$50* must accompany application form and should be sent to: *Singapore Mathematical Society, c/o Department of Mathematics, National University of Singapore, Blk S17, 10 Lower Kent Ridge Road, Singapore 119076.*

* Foreign applicants please issue cashier order/bank draft in Singapore dollar payable to Singapore Mathematical Society. There is also an additional S\$10 handling fee for each foreign applicant.