

Membership Application

Instructions: Complete Section 1 (Personal details), as well as Section 2 (Full membership) or Section 3 (Institutional membership) or Section 4 (Special membership). The current (2021) membership fees are: R 350.00 (Full), R 600 (Institutional), or R 110.00 (Special); make a printout of the form and return the form together with the appropriate proof of payment, or scans of these documents, to:

*The Financial Manager, S.A. Mathematical Society, Professor W.E. Conradie,
School of Mathematics, University of the Witwatersrand, Private Bag X3, WITS 2050, South Africa
E-mail: willem.conradie@wits.ac.za, Tel.: +27 (0)11 7716204*

Section 1: Personal details

Surname: Initials: Title:

Postal address:

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Email: Telephone: Fax:

I hereby apply for Full/Institutional/Special (delete as appropriate) membership of the South African Mathematical Society, and I agree to abide by the Society's rules and constitution.

Signature: Date:

Section 2: Full membership

What is the applicant's highest mathematical qualification (Qualification, Institution, Date)?

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We, the undersigned, are full members in good standing of the S.A. Mathematical Society. We propose the above applicant for full membership of the Society.

Proposer (Name): Signature: Date:

Seconder (Name): Signature: Date:

Section 3: Institutional membership

We, the undersigned, are full members in good standing of the S.A. Mathematical Society. We propose the above applicant for institutional membership of the Society.

Proposer (Name): Signature: Date:

Seconder (Name): Signature: Date:

Section 4: Special membership

4.1 Student

I, the undersigned, am a full member in good standing of the S.A. Mathematical Society. I propose the above applicant for special membership of the Society, and I confirm that he/she is currently registered as a full time student for the following qualification in the mathematical sciences:

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Proposer (Name): Signature: Date:

4.2 Pensioner

I apply for special membership of SAMS in 2020. I confirm that I retired from employment at (institution) on (date) and that I am not in full-time employment at the above institution or anywhere else. My principal source of income is my pension.

Signature: Date:

4.3 Reciprocity

I apply for special membership of SAMS in 2020 and confirm that I am a member of on (date).

Signature: Date: