

Tennessee Mathematical Association of Two-Year Colleges

TMATYC

Membership Application

Name	2:						
Instit	ution:						
Addr	ess:						
E-ma	il						
Preferred							
Phone:							
Home							
Address:							
I prefer that correspondence be sent to my (place x to the left of your choice)							
Home Address			School Address		Mail		
Membership fee: (place x to the left of your choice)							
	\$10 for one year		\$20 for two years		\$25 fo	\$25 for three years	

Please make check payable to TMATYC and mail to:

Miriam Nelson Walters State Community College 1720 Old Newport Highway Sevierville, TN 27836

For more information please contact Michael Darrell at rdarrell@Columbiastate.edu