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MEMBERSHIP FORM

Anyone interested in promoting excellence in mathematics education is invited to join NYSAMS.

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Preferred Delivery (circle): **Mail to Home** **Mail to School**

County in which you teach: _____

Level(s) you teach or supervise -Circle all that apply: K 1 2 3 4 5 6 7 8 9 10 11 12 C

Circle all organizations to which you belong 1. NCTM 2. AMTNYS 3. NCSM 4. Affiliate: _____

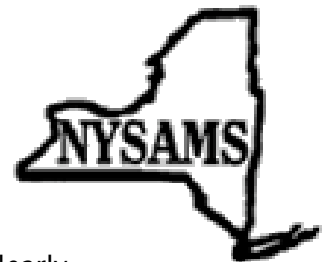
DUES: (Please check only one)

\$35 for a 2-year membership (new members only) \$25 for annual membership

\$20 annual membership for retired educators

Please send a check payable to NYSAMS, Treasurer to:

Suzanne Libfeld
2843 Old Yorktown Road
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