

Finnish Mathematical Society
Department of Mathematics
P.O.Box 4 (Yliopistonkatu 5) • FIN-00014 UNIVERSITY OF HELSINKI
Finland

To the Board of the Finnish Mathematical Society

APPLICATION FOR MEMBERSHIP

Name (complete)

Date of birth

Nationality

Resident in (town, country)

Address and telephone (home)

Highest academic degree (from which university?)

Main field of interest (AMS classification)

Present position

Membership in scientific societies

Address (university etc.)

Telephone (university), FAX and e-mail

The above given data may be distributed (please indicate)

_____ for non-profit and commercial purposes

_____ for non-profit purposes only

_____ for no purpose outside the Finnish Mathematical Society

Remarks

Date and place _____

Signature _____

Please send the form to the secretary of the Society, Mr. Pekka Pankka, address given above.