



Membership Verification Form

ONLY FILL OUT THIS FORM IF YOU ARE PAYING BY CHECK

Name: _____

School or Affiliation: _____

NYSMATYC Username: _____

(Make sure you create an account on the new website <https://nysmatyc.org/> before mailing this form, if you have not done so already. You will choose your Username when creating an account.)

Region (Circle One): I II III IV

Type of Membership (Check One):

_____ **Voting—\$30:** Teachers of mathematics or mathematics related fields employed by a two-year college in the State of New York, or any college in the State of New York that traditionally grants at least 50% of its degrees at the associate level shall be eligible for regular membership. Any person who has been a regular member shall always be eligible for regular membership.

_____ **Non-Voting—\$25:** Adjunct faculty, associate members, or retired faculty who wish not to vote.

Make checks payable to "NYSMATYC" and mail to:

Brian Milleville, NYSMATYC Treasurer
Erie Community College
6205 Main St.
Williamsville, NY 14221