

## Application Form for Membership in the SML

Start of the membership (year): .....

Mr ☐ Ms ☐

Surname(s): .....

First name(s): .....

Title: .....

Address (for notices and publications): .....

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E-mail address: .....

Degrees and/or diplomas: .....

Current position or occupation: .....

.....

Current employer: .....

.....

Date

.....

Signature

Please send the application form to the following address:

Luxembourg Mathematical Society

Université du Luxembourg, Campus Belval

RMATH, Maison du Nombre

6, avenue de la Fonte

L-4364 Esch-sur-Alzette

Grand Duchy of Luxembourg

*Please do not send any money with the application form.* Bank details for the transfer of the membership fee:

Société Mathématique du Luxembourg, IBAN: LU48 1111 0630 6313 0000, BIC: CCPLLULL

Reference: NAME Membership fee year 2.....