



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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Long-term e-mail address

Degrees and/or diplomas:

Current position or occupation:

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Current employer:

.....

Date

.....

Signature

Please send the application form to the following address:

Luxembourg Mathematical Society

University of Luxembourg

MNO, DMATH

6, avenue de la Fonte

L-4365 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.....