

THE INSTITUTE OF MATHEMATICS AND ITS APPLICATIONS



Application Form

IMA Schools Affiliate Scheme

Please use block capitals where possible.

School/College Name:

School/College Address:

Telephone Number:

Fax Number:

Web Address:

Specialist Schools Status: *Yes/No

**delete as appropriate*

Name of staff member for whom personal membership is to be linked to the IMA School Affiliation:.....

Payment for Affiliate Scheme Membership must be enclosed with this form

Please tick (✓) the appropriate box

*A cheque for the total is enclosed (Please make payable to the IMA) or

*Please charge my Access/Mastercard/Barclaycard/VISA/Switch (Delete as appropriate)

Credit Card Number: Expiry Date:

Switch cards only - Issue Number:

The data you provide will be stored electronically and used only for institute purposes.

FOR OFFICE USE ONLY

Date	Subscription	Membership App'd for	Decision	Membership No.