



APPLICATION FOR INDIVIDUAL MEMBERSHIP

1. Personal data

Surname:

First name(s):

Date of birth:

Nationality:

2. Address (please remember the zip and country codes):

Email:

Webpage:

Institute:

Department:

Street:

Town:

Country:

3. Professional status

Position:

Institution:

Specialization:

Highest academic degree:

Areas of interest (please use 2000 Mathematics Subject Classification):

4. Are you a member of a society/organization, which is itself a corporate member of the EMS?

YES

NO

5. If your answer to question 4 is YES, which corporate member do you belong to?

Date and place:

Signature: