

**Finnish Mathematical Society**  
**Department of Mathematics**  
P.O.Box 4 (Yliopistonkatu 5) • FIN-00014 UNIVERSITY OF HELSINKI  
Finland

To the Board of the Finnish Mathematical Society

**APPLICATION FOR MEMBERSHIP**

Name (complete)

Date of birth

Nationality

Resident in (town, country)

Address and telephone (home)

Highest academic degree (from which university?)

Main field of interest (AMS classification)

Present position

Membership in scientific societies

Address (university etc.)

Telephone (university), FAX and e-mail

The above given data may be distributed (please indicate)

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\_\_\_\_\_ for non-profit purposes only

\_\_\_\_\_ for no purpose outside the Finnish Mathematical Society

Remarks

Date and place \_\_\_\_\_

Signature \_\_\_\_\_

Please send the form to the secretary of the Society, Mr. Pekka Pankka, address given above.