

# British Society for Research into Learning Mathematics



<http://www.bsrlm.org.uk>

## APPLICATION FOR MEMBERSHIP

**Application for** (*please tick as appropriate*): New membership  Renewal of membership

Name Tel  
email Fax  
Institution  
Address (*copies of RME will be sent to this address*)

### Payment (per annum):

Full rate membership by standing order (£25)   
Full rate membership by cheque (£30)   
Concessionary membership for full time students and unwaged by cheque (£15)

In the case of full time students please supply the following information:

Supervisor: Institution:

New membership will normally be back-dated to 1<sup>st</sup> January of the year you apply and you will receive copies of all relevant publications for that year.

**PLEASE NOW COMPLETE THE STANDING ORDER FORM OR WRITE A CHEQUE (PAYABLE TO BSRLM) AND RETURN BOTH TO:**

Paul Hernandez-Martinez, Loughborough University, Mathematics Education Centre, Room A1.35  
Schofield Building, Loughborough, LE11 3TU  
p.a.hernandez-martinez@lboro.ac.uk

**British Society for Research into Learning Mathematics: Standing Order Authority**

To: Bank Sort Code:

Address:

	Bank	Branch Title (not address)	Sorting Code Number
Please Pay	Cooperative Bank	Business	08-92-99
	Beneficiary's Name		Account Number
for the credit of	BRITISH SOCIETY FOR RESEARCH INTO LEARNING MATHEMATICS		6 5 2 1 0 0 7 1
	Amount in Figures		Amount in Words
the sum of	£	25.00	TWENTY FIVE POUNDS
	Date of first payment	and thereafter every	Due date and frequency
commencing	(For BSRLM use only)		1 January, Annually
quoting the reference	(For BSRLM use only)		

Please cancel any previous Standing Order in favour of the beneficiary named above under the reference.

Account to be debited

Account Number

Signature(s)

\_\_\_\_\_

Date

- Note: The bank will undertake not to:
- (i) make any reference to Value Added Tax or other indeterminate element
  - (ii) advise payer's address to beneficiary
  - (iii) advise beneficiary of inability to pay
  - (iv) request beneficiary's banker to advise beneficiary of receipt

Name of member (printed)

PLEASE NOW COMPLETE THE MEMBERSHIP FORM AND RETURN BOTH FORMS TO:

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