



IFNA Membership/Renewal Form

Last Name: _____ First Name: _____ M.I. _____

Affiliation: _____ Department: _____

Address: _____

City: _____ State: _____

Country: _____ Zip: _____

Email Address: _____

Phone: _____ Fax: _____

Primary Field of Interest: _____

Secondary Fields if Interests: _____

Membership Fees

Amount: Please check one

- \$120 for a two year renewal
- \$65 for a one year renewal
- \$80 for a two year renewal for retired members or students
- \$45 for a one year renewal for retired members or students

Options: Please check one

- Check or Money Order Enclosed (make payable to International Federation of Nonlinear Analysts-IFNA)
- Credit Card circle one (Visa) (MasterCard) (American Express)

Credit Card Number (if applicable): _____

Expiration Date: _____ Signature: _____

Return Form and Payment to: Sally Ellingson, IFNA, Florida Institute of Technology, Mathematical Sciences,
Melbourne, FL 32901, USA, Email: sellings@fit.edu, Fax: 321-674-7412