

Application for admission

Stowarzyszenie Użytkowników Mizara

The Association of Mizar Users

Membership nr.	
Registered nr.	
Date of admission	

to be filled in by SUM

Full name:

Mailing address:

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Country: Phone: Fax:

E-mail address:

Place of employment or educational institution:

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List of your main Mizar articles contributed to the Mizar Mathematical Library:

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Introductory members:

I. Full name:

II. Full name:

I wish to belong to the following circle:

I apply for admission to the SUM. I agree with the use these personal particulars for the Statutes and statutory work of the SUM.

Place date signature