



AMESA MEMBERSHIP APPLICATION / RENEWAL FORM

Preferably rather complete the electronic form available at <http://www.amesa.org.za>

Complete in full and in capital letters:

1. **Membership no** (if renewal): _____
2. **Region (province):** _____ **Branch:** _____ (if known)
3. **Membership type:** Individual Institutional Associate (*full-time, pre-service student*)
4. **Field of interest:** Primary Secondary Tertiary

5. **For Individual and Associate (student) members only:**

Surname: _____ **First name:** _____ **Title:** _____

Postal address: _____

_____ **Postal code:** _____

Cell/tel no: _____ **Fax:** _____

E-mail: _____

Name of your institution: _____

6. **For Associate (student) members only:** I hereby declare that I am a *full-time, pre-service student* at the following institution: _____ *Please include proof of registration.*

7. **For Institutional members only:**

Designation of person to whom correspondence should be addressed

(e.g. The HOD Mathematics / Librarian, ...): _____

Name of institution: _____

Postal address: _____

_____ **Postal code:** _____

Cell/tel no: _____ **Fax:** _____

E-mail: _____

8. **Payment:**

Subscription rates for 2025: *South Africa: Individual: R200; Institutional: R600; Associate (student): R75
Other African countries, Individual: ZAR260; Non-African countries: USD100
You may pre-pay your subscription at the current rate for up to three years.
Life membership (for SA individual members only): R4 000*

Method of payment: Choose *one* of the following methods of payment (mark with an X) and complete:

I enclose a postal order/cash/cheque for R _____ payable to AMESA.

Internet payment (EFT) or bank deposit for the amount of R _____

Bank details are as follows:

Bank name: ABSA

Account name: AMESA

Branch code: 632 005

Account no: 1640 146601

Account type: Current

Reference: Your name and/or membership number

Please enter your name or membership number in the *reference section* of the transaction. It is *essential* that you fax or e-mail us a copy of the deposit slip (proof of payment) to enable us to record your membership.

The onus is on you to ensure that we receive the relevant information.

If you are paying by cash or cheque, **post** it with this completed form to: AMESA Membership, P.O. Box 54, WITS, 2050.
If you are paying by EFT or bank deposit, **e-mail or fax** this completed form, and include your proof of payment.

Enquiries: Tel: 011 484 8917 Fax: 086 402 3591 E-mail: membership@amesa.org.za Valid for 2025