AMESA MEMBERSHIP APPLICATION / RENEWAL FORM

Please complete in full and in capital letters

1. **Membership No** (if renewal)**:** _____

2. **Region (province):** _____ **Branch:** _____ (if known)

3. **Membership type:** ☐ Individual ☐ Institutional ☐ Associate (e.g. full-time student)

4. **Field of Interest:** ☐ Primary ☐ Secondary ☐ Tertiary

5. ***For Individual and Associate members only:***

   Surname: _____ **First Name:** _____ **Title:** _____

   Postal address: _____

   _____ **Postal Code:** _____

   Tel/cell no: _____ **Fax:** _____ **E-mail:** _____

   Name of your Institution: _____

6. ***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:** _____

   Tel/cell no: _____ **Fax:** _____ **E-mail:** _____

7. ***For student members only:*** I hereby declare that I am a full-time, pre-service student at the following institution: _____ Signature: _____

   Please include proof of registration at tertiary institution with your application.

8. **Payment:** *South Africa: Individual – R120; Institutional – R340; Associate – R30*
   Other African countries, individual: – ZAR150; Non-African countries: – USD65
   You may pre-pay your subscription at the current rate for up to three years. Life membership: – R3000

   Choose one of the following methods of payment (indicate with an **X**):

   ☐ **Cash** R _____

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

   ☐ Please debit my **credit card** account (Visa and Mastercard only) with R _____

   Card number: ☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐ 3 Digits on back: ☐☐☐

   Name on card: _____ Expiry date: _____

   Signature: _____ Date: _____

   ☐ Please renew my membership *automatically* each year by debiting my credit card each year. This authorisation will remain valid until I or AMESA cancel it in writing.

   ☐ **Bank transfer**. Bank details are as follows:

Bank:	ABSA	Account Name:	AMESA
Branch Code:	632 005	Account No:	1640 146601

   Note: Please enter your name/membership number in the *reference section* of the deposit slip. It is *essential* that you fax or e-mail a copy of the transfer slip and this application form to the number below to ensure that your membership is recorded. *The onus is on you to ensure that we receive the relevant information*.

Post the completed application form (with the necessary fee) to: AMESA Membership, P.O. Box 54, WITS, 2050
Only if payment is by credit card (you must sign) or bank transfer may you e-mail or fax the form.
Enquiries: Tel: 011 484-8917 Fax: 011 484-2706 E-mail: Membership@amesa.org.za Valid for 2012