

## AMESA MEMBERSHIP APPLICATION / RENEWAL FORM

Please complete in full and in capital letters
Preferably please complete the electronic form available at http://www.amesa.org.za

Region (province):				
region (province).			Branch:	(if known)
Membership type:	pe: ☐ Individual ☐ Institutional ☐ Associate (full-time pre-service student)			
Field of interest:	☐ Primary	☐ Secondary	☐ Tertiary	
For Individual and	Associate (stud	ent) members only	) <b>:</b>	
Surname:		First name	e:	Title:
Postal address:				
				Postal code:
Tel/cell no:		Fax:	E-mail: _	
Name of your instit	tution:			
following institution  For Institutional me  Designation of pers	embers only: on to whom cor	respondence shoul	Please i	ne, pre-service student at the include proof of registration
				Postal code:
Payment:	·	Fax:	E-mail:	
•	Other You n Life n	r African countries, i nay pre-pay your sub nembership (for indiv	individual: – ZAR210; N scription at the current r vidual members only): – .	
Method of payment.	: Choose <i>one</i> of			K WHILL ALL A LAHU COHIDIELE
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☐ I enclose a posta☐ ☐ Please debit my of the control of please renew in the control of plea	l order/cheque in credit card accompayment (mark in my membership)	for R pount (Visa and Massacratically each	payable to AMESA.  stercard only) with R  Expiry	3 Digits on back: date: Budget: 12 months redit card each year.

Post the completed application form with the necessary payment to: AMESA Membership, P.O. Box 54, WITS, 2050 If payment is by credit card or bank transfer, you may e-mail or fax the form.

Enquiries: Tel: 011 484 8917 Fax: 086 553 5042 E-mail: <u>membership@amesa.org.za</u> Valid for 2019