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

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:** _____

   Tel/cell 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:** _____

   Tel/cell no: _____ **Fax:** _____ **E-mail:** _____
8. **Payment:**

   Subscription rates for 2018: *South Africa: Individual – R140; Institutional – R400; Associate (student) – R45*
   Other African countries, individual: – ZAR190; Non-African countries: – USD75
   You may pre-pay your subscription at the current rate for up to three years.
   Life membership (for individual members only): – R3 500

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

   ☐ 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: _____

   Your method of payment (mark X): ☐ Straight ☐ Budget: 6 months ☐ Budget: 12 months

   ☐ 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.

   ☐ **Internet payment or Bank transfer**. Bank details are as follows:

Bank name:	ABSA	Account name:	AMESA	Account type:	Current
Branch code:	632 005	Account no:	1640 146601		
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 transfer slip (proof of payment) 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 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: membership@amesa.org.za Valid for 2018