**AMESA MEMBERSHIP APPLICATION / RENEWAL FORM**

You may have to Enable Editing in the warning pop-up above

Click on each °°°°° below and type … To see °°°°° , click on in the ribbon above

` **Please do not print, WRITE and fax. Rather TYPE here, save and e-mail as an attachment.**

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

1. ***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.*

1. ***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:**

1. **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 (*click*) *one* of the following methods of payment and complete:

 **[ ]** I enclose a postal order/**cheque/cash** 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