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NORTH WEST PROVINCE

INVITES YOU TO THE PROVINCIAL CONFERENCE

VENUE : Daeraad Special School (6 Potgieter Street, Wolmaransstad)

DATE : SATURDAY, 23 AUGUST 2014

TIME : 08:00

THE PROGRAMME WILL INCLUDE:

- Keynote address by prominent speaker.
- Parallel sessions (Foundation, Intermediate, Senior and FET Maths/Maths Literacy)
- Curriculum Development
- Exhibits and Maths Market – Vendors will exhibit and promote their products.
- AMESA Annual General Meeting (AGM)
- **Golf Shirts @ R150 each (Cash)**

AMESA MEMBERSHIP:

- ❖ All participants must be current paid-up AMESA individual or institutional members. **Please bring your membership card/proof of payment (Membership fee).**
- ❖ Participants who are **not members** must complete the attached AMESA Membership Application Form and pay the appropriate Membership Subscription Fee (**Individual = R120; Institutional = R340**).

Membership Bank Details are as follows:

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

NB: Make separate payments as follows: Membership fee: R120, 00 or R340, 00 (banking details above) AND Congress Registration fee: R100, 00 (banking details below).

- ❖ Congress Registration (**by 31 JULY 2014**): **R90** for catering and other admin logistics.

Congress Registration Bank Details are as follows:

Name of Bank:	ABSA
Account Holder:	MAQUASSI HILLS AMESA
Account Number:	9141381207
Branch:	WOLMARANSSTAD

Note: Please enter your Name (Individual) or School Name (Institution) in the Reference Section of the Deposit Slip. It is essential to fax (011 484 2706) a copy of your deposit slip Membership form to ensure that your membership is recorded.

Registration include (Early registration is encouraged to fast-track catering arrangements):

- Admission to all sessions
- Copies of the Congress programme
- Meals (**Breakfast & Lunch**)
- Workshop Materials
- Name Tags

❖ **THEREFORE, YOU ARE REQUESTED TO SUBMIT TWO (2) SEPARATE RECORDS/PROOFS OF PAYMENT (I.E., MEMBERSHIP AND CONGRESS REGISTRATION FEES)**

GENERAL INFORMATION

NAME TAGS

It is essential for delegates to wear name tags while attending the congress. Congress services such as attendance of presentations, tea/coffee/lunch sessions, etc. will only be provided to those delegates wearing name tags.

INFORMATION DESK

Information desk will be available to deal with all your enquiries and needs relating to the congress.

PUNCTUALITY

Delegates are requested to be punctual at all times.

CONTACT DETAILS: Please send all communications to

Congress Secretariat: Ms G.E. Hebe
Contact number: **018 596 9200** ghebe@nwpg.gov.za

Congress Director: Ms N.P.J. Khala
Contact number: **018 596 9217** npmolefe@nwpg.gov.za
Fax: 018 596 2853

The Academic Coordinator: Mr G.P. Mabusela
Contact number: **018 596 9254**
Email: gmabusela@nwpg.gov.za



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 (full-time pre-service 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 Associate (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.

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

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:

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 3 Digits on back:

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- 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 Account type: Current
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 or 086 553 5042 E-mail: membership@amesa.org.za Valid for 2014