AMESA MEMBERSHIP APPLICATION / RENEWAL FORM

Preferably rather complete the electronic form available at
https://www.amesa.org.za
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 (student) members only:
   Surname: _____ **First name:** _____ **Title:** _____
   Postal/Residential address: _____Postal code: _____
   Cell/tel 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: _____
   Cell/tel no: _____ Fax: _____
   E-mail: _____
8. Payment:

   Subscription rates for 2026: *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 *one* of the following methods of payment (mark with an X) and complete:
   ☐ I enclose a postal order/**cash/cheque** 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 2026