



Association of Mine Resident Engineers

5th Floor, Chamber of Mines, 5 Hollard Street, Johannesburg, 2001

All correspondence to be addressed to the Secretary
P O Box 61709, Marshalltown, 2107, Telephone 011 498 7377

APPLICATION FOR MEMBERSHIP

I (FULL NAME) _____ KNOWN AS: _____

Herby apply for admission to:

Ordinary Associate Affiliate Student

Membership for the Association of Mine Resident Engineers, as laid down in the Membership Clause 4 of the Association's Constitution and Rules.

First Name: _____ Last Name: _____

ID Number: _____ Email: _____

Work Telephone: _____ Mobile: _____

Home Address: _____

Company / Group Name: _____

Mine Name: _____

Designation: _____

Company / Mine Email Address: _____

If a member of ECSA please state: Category: _____ Registration No: _____

ORDINARY MEMBERSHIP/ ASSOCIATE / AFFILIATE MEMBERSHIP

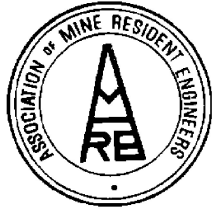
GCC No: _____ Mechanical Electrical Issued: _____

Professional Engineering Degree: _____ Mechanical Electrical Issued: _____

Other: _____

Appointed under Regulation 2.13.1 2.13.3 and / or Section 3 (1) (a)

Other Specify _____



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STUDENT MEMBERSHIP

Course of Study (please indicate Mechanical or Electrical): _____

Name of Educational Institute: _____

Date of Commencement of Studies: _____

Date: _____ Signature of Applicant _____

APPLICATION FOR ORDINARY / ASSOCIATE / AFFILIATE / STUDENT MEMBERSHIP

Mr / Mrs / Miss _____ being desirous of admission into the Association of Mine Resident Engineers as a member* I/we the undersigned recommend him/her from personal knowledge as a fit and proper person to belong to the Association.

Dated this _____ day of _____ 20_____.

Proposed by: _____
(Signature) (Name in Block Letters)

Seconded by: _____
(Signature) (Name in Block Letters)

* In the case of a Student Member the Applicant is to be proposed by the Engineer appointed under 2.13.1 and /or Section 3 (1) (a) of the MHSa of the Mine where the applicant is employed, it need not be seconded.

Billing Details:

P.O. Box: _____ City: _____

Postal Code: _____ Email Address: _____

METHOD OF PAYMENT

EFT
Debit Order
Company to Pay
Cheque

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COMPANY TO PAY – COMPANY DETAILS

Company Name/Contact Person: _____

P.O. Box: _____ City: _____

Postal Code: _____ Email Address: _____

DIRECT DEBIT AUTHORISATION

Name of Bank: _____ Branch Name: _____

Account Number: _____ Branch Code: _____

I _____, (IDENTITY NUMBER) _____

HEREBY AUTHORISE MPAS TO INSTRUCT YOUR BANK TO DEBIT THE ABOVE MENTIONED BANK
FOR THE CURRENT YEAR SUBSCRIPTIONS ON _____ DAY _____ MONTH.

SIGNATURE

OFFICE USE ONLY

ADMITTED TO: _____ MEMBERSHIP

DATE: _____

SIGNATURE OF THE CHAIRMAN: _____

ENTERED ON RECORDS: _____

SIGNATURE: _____