



## 2017 Authority Membership Application Form

**Benefits of joining the Association:**

- Invitation to and participation in all branch meetings
- Invitation to and participation in the Annual Convention at a reduced fee
- Monthly e-bulletin sent via email
- Representation on other National Bodies

Please select the appropriate membership subscription category:

**Authority Membership**

- **Metropolitan Municipalities**
- **Aspirant Metropolitan Municipalities**
- **City Municipalities/ Govt Dept**
- **Other Municipalities/Institutions**

X

	R 13,600
	R 8,500
	R 4,500
	R 2,100

**Authority Members must be represented by an Official Member and by a Politician/Board Management Member.**

Organisation Name: \_\_\_\_\_

IERM Branch: Please indicate (choose ONE) the branch your Organisation belongs to:

Western Cape	Kwa-Zulu Natal	Mpumalanga	Eastern Cape
North West	Northern Cape	Free State	Limpopo
Gauteng	International	Southern Cape	

1. **Official Member:**

Title: \_\_\_\_\_ First Name: \_\_\_\_\_ Surname: \_\_\_\_\_

Postal Address: \_\_\_\_\_

Tel: (    ) \_\_\_\_\_ Fax: (    ) \_\_\_\_\_

Cell: \_\_\_\_\_

Email: \_\_\_\_\_

2. **Politician/Board Management Member:**

Title: \_\_\_\_\_ First Name: \_\_\_\_\_ Surname: \_\_\_\_\_

Postal Address: \_\_\_\_\_

Tel: (    ) \_\_\_\_\_ Fax: (    ) \_\_\_\_\_

Cell: \_\_\_\_\_

Email: \_\_\_\_\_

**Your Undertaking can also have, at no extra charge, a number of Branch Members that are staff members in your employment.**

**Complete the section below to inform us of these individuals that need to be listed on our database:**

**Branch Member 1:**

Title: \_\_\_\_\_ First Name: \_\_\_\_\_ Surname: \_\_\_\_\_

Postal Address: \_\_\_\_\_

Tel: (    ) \_\_\_\_\_ Fax: (    ) \_\_\_\_\_

Cell: \_\_\_\_\_

Email: \_\_\_\_\_

**Branch Member 2:**

Title: \_\_\_\_\_ First Name: \_\_\_\_\_ Surname: \_\_\_\_\_

Postal Address: \_\_\_\_\_

Tel: (    ) \_\_\_\_\_ Fax: (    ) \_\_\_\_\_

Cell: \_\_\_\_\_

Email: \_\_\_\_\_

**Branch Member 3:**

Title: \_\_\_\_\_ First Name: \_\_\_\_\_ Surname: \_\_\_\_\_

Postal Address: \_\_\_\_\_

Tel: (    ) \_\_\_\_\_ Fax: (    ) \_\_\_\_\_

Cell: \_\_\_\_\_

Email: \_\_\_\_\_

**Branch Member 4:**

Title: \_\_\_\_\_ First Name: \_\_\_\_\_ Surname: \_\_\_\_\_

Postal Address: \_\_\_\_\_

Tel: (    ) \_\_\_\_\_ Fax: (    ) \_\_\_\_\_

Cell: \_\_\_\_\_

Email: \_\_\_\_\_

**If your Undertaking has more Branch Members than provided for, attach a list of the additional members with their details as listed above.**

**Please complete this form and fax it to 086 688 7005 or email [iermservices@vdw.co.za](mailto:iermservices@vdw.co.za).**

**An invoice will be emailed directly to the Main Representative.**

**For more information contact the IERM on 011 061 5000.**