



2023 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 18 600
	R 11 700
	R 6 100
	R 2 900

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/Branch 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.

An invoice will be emailed directly to the Main Representative.

For more information contact the IERM on 011 061 5000.