



Institute of Environment and Recreation Management

2009 Membership Application Form: IERM Authority Membership

Please assist us in updating the list of IERM members, their class of membership and their nominated representatives. We would appreciate receiving current information from your organisation.

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**
- Other Municipalities**

X

	R7 500
	R5 000
	R2 500
	R1 000

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

Organisation Name: _____

IERM Branch: Please indicate the branch that your Organisation belongs to:

Eastern Cape	Free State/Northern Cape	KwaZulu Natal	Central Branch	
Western 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:

3. **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 extra members.

For more information contact the IERM on 0861 004 622.

Please complete this form and fax it to (011) 789- 2116.

You will receive an invoice to confirm you have been registered. Payment has to be made upon receipt of the invoice to ensure your membership is activated.