



Institute of Municipal Engineering of Southern Africa

Tel: +27 (0) 31 266 3263
 Fax: +27 (0) 31 266 5094
 Email: admin@imesa.org.za
 Website: www.imesa.org.za

P.O. Box 2190
 Westville
 3630
 SOUTH AFRICA

IMESA House
 2 Derby Place
 Westville
 DURBAN, 3629

INFORMATION UPDATE FORM - AFFILIATE MEMBERS

Please fill in and return this form to info@imesa.org.za to ensure that we keep your membership records updated.

MEMBERSHIP NUMBER:				
NAME OF COMPANY:				
VAT NUMBER:				
POSTAL ADDRESS FOR CORRESPONDENCE:				
CONTACT PERSON:				
E-MAIL ADDRESS:				
TELEPHONE:		FAX NO.:		
MAIN / CORE BUSINESS:				
RELATION TO MUNICIPAL ENGINEERING:				
Branches to Receive IMIESA Magazine:				
CONTACT PERSON		POSTAL ADDRESS	CONTACT DETAILS	
1			TEL:	
			EMAIL:	
2			TEL:	
			EMAIL:	
3			TEL:	
			EMAIL:	
4			TEL:	
			EMAIL:	
5			TEL:	
			EMAIL:	

If more than five (5), complete details on page (2)



Branches to Receive IMIESA Magazine:

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6			TEL:	
			EMAIL:	
7			TEL:	
			EMAIL:	
8			TEL:	
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14			TEL:	
			EMAIL:	
15			TEL:	
			EMAIL:	

DETAILS OF PERSON COMPLETING THIS FORM

NAME:		TEL:	
DESIGNATION:			
SIGNATURE:		DATE:	