

**THE MINE VENTILATION SOCIETY
OF
SOUTH AFRICA**

Mandela Mining Precinct, CSIR Building 1,
Cnr. Rustenburg and Carlow Road, Emmarentia, 2195, Johannesburg, SA
☒ PO Box 291521, Melville, 2109, SA



**DIE MYNVENTILASIEVERENIGING
VAN
SUID-AFRIKA**

☎ +27 (11) 482 7957
Fax +27 (11) 482 7959
E-mail: admin@mvssa.co.za / secretary@mvssa.co.za

Application for Admission to Membership or Transfer of Grade of Membership

This application must be endorsed by a Fellow of the MVSSA. Applications for transfer to the grade of Fellow must be endorsed by an additional MVSSA member. In instances where this is not possible for any reason, candidates may submit this application form duly completed as far as possible and contact the MVSSA Office for assistance with the necessary formalities.

Application in terms of the Constitution of the Mine Ventilation Society of South Africa for:

Admission as Student Member	☐	Admission to Grade of Associate	☐	Admission to Grade of Member	☐
Transfer to Grade of Associate	☐	Transfer to Grade of Member	☐	Transfer to Grade of Fellow	☐
Transfer to a Retired Member	☐	Admission from a supplier	☐		

Were you previously a member of the MVSSA? Yes ☐ No ☐ If "YES", please supply your membership number

PERSONAL DETAILS

Title	_____	Initials	_____	Date of Birth	____/____/____	Male	☐	Female	☐
Surname	_____					Racial Group	_____		
First Name(s)	_____								
ID Number	_____					Nationality	_____		

CONTACT DETAILS	Int Code	Local Code	Number	PREFERRED BRANCH
Land Line	_____	_____	_____	Colliery ☐ Northern ☐
Mobile	_____	_____	_____	Free State ☐ Western ☐
E-mail Address	_____	_____	_____	International ☐ Eastern ☐

Address for general communication		Address for INVOICE (EMPLOYER ADDRESS)	
Postal Address	_____	Postal Address	_____
Postal Address	_____	Postal Address	_____
Postal Address	_____	Postal Address	_____
City	_____	City	_____
Province	_____	Province	_____
Country	_____	Country	_____
Postal Code	_____	Postal Code	_____

COMPANY / EMPLOYER / AFFILIATION DETAILS			
Company Name	_____	VAT Number (for Invoice purposes)	_____
Department	_____	Position	_____

QUALIFICATIONS	
Qualifications	_____
Professional Affiliations	_____
Discipline	_____
Field(s) of expertise / interest	_____

Note that admission to the Society is conditional upon a) submission of certified copies of qualifications and b), payment of subscription fees, within three months of the date of confirmation of MVSSA Council approval.

DECLARATION BY THE APPLICANT

I agree that, in the event of my admission to the MVSSA, I will be governed by the Constitution and By-Laws of this Society and that I will advance the objects of the Society as far as shall be in my power. By signing this application form, I the applicant, certify that the statements made by me in this form are true.

_____/____/2022
(Signed at) (Signature) Date

RECOMMENDATION OF SUPPORTER(S)

From personal knowledge of the applicant and in consideration of his/her qualifications as stated herein, we recommend him/her to the Council of the Society as being a fit and proper person to be admitted as Student ☐ Associate ☐ Member ☐ Fellow ☐

Endorsed by _____/____/2022
(Name in block letters) (Member grade /number) (Signature) Date

ACCEPTED AS	Student	☐	BRANCH	Colliery	☐	FOR OFFICE USE ONLY	Northern	☐	SIGNATURE: CHAIRMAN	_____
	Associate	☐		Free State	☐		Western	☐		MEMBERSHIP COMMITTEE
	Member	☐		International	☐		Eastern	☐		
	Fellow	☐								
										DATE _____/____/2022