



ASSOCIATION OF MINE SURVEYORS OF ZIMBABWE

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SECRETARIES – THE CHAMBER OF MINES OF ZIMBABWE

Membership Registration Form

Fill-in the form and email it to amszsecretary@gmail.com **Identity:**

Surname		Forename(s)		Nationality	
D. O. Birth		Forename(s)		National ID #	
Address:		Email:		Passport #	
Address:		Email:		Cell:	
Address:		Cell:		Tel:	

Qualification:

Qualifications Obtained	School/College/University/Institution	Date Obtained

Experience:

(Date) From:	To:	Employer/Organization/Institution	Position Held

Application for Election As: (Tick Appropriate)

<input type="checkbox"/> Student Member	<input type="checkbox"/> Standard Member	<input type="checkbox"/> Senior Member
<input type="checkbox"/> Associate Member	<input type="checkbox"/> Affiliate Member	<input type="checkbox"/> Honorary Member

Confirmation of Experience:

(To Be Completed by An Active AMSZ Member)

I certify to the best of my knowledge that the applicant's submissions above substantiate his/her eligibility to join the AMSZ:

Surname:	Forename:	AMSZ Membership #:
Job Position:	Signature:	Date:

Declaration by Applicant:

Surname:	Forenames:
I solemnly declare that, all the information contained in this application is accurate, and that if accepted as a member, will fully observe to the best of my ability the governing rules and objectives of the Association of Mine Surveyors of Zimbabwe (AMSZ) as outlined in its Constitution.	
Signature:	Date:

FOR EXECUTIVE COMMITTEE USE ONLY

	Name	Signature	Date
Proposer			
Seconder			
President	Approved	Rejected	