

MEMBERSHIP FEE

I, _____ (Full Name) hereby apply for registration of a Professional designation.

I understand that there is an initial non-refundable registration fee as set out in the table hereunder. Thereafter a fee of R750 will be levied for continued professional membership for 2015.

Professional membership fee schedule:

Professional designation for Registration	Initial non-refundable application fee.	Annual professional membership fee for 2015	Total payable with application
Accredited Municipal Manager	R5000	R750	R5750
Candidate Accredited Municipal Manager	R5000	R750	R5750

PROFESSIONAL DECLARATION

I hereby confirm that all information presented on this form is correct and complete, and that action can be taken against me if this is not the case. I acknowledge that iLGM may require further evidence of information.

I undertake to abide by the prescribed Code of Conduct of iLGM. I make a personal professional commitment to the profession, to ethical standards and to excellence.

As a professional member of iLGM, I hereby agree to abide by the principles and objectives of Continued Professional Development (CPD) as prescribed by iLGM and complete the required forms as and when received from iLGM.

I hereby grant iLGM permission to verify the qualifications as submitted in my application with the relevant institutions.

I agree to pay the annual membership fees as determined on a yearly basis.

I agree to receive electronic and other forms of communication from iLGM.

I confirm that I have attached proof of payment.

Please note that applications without proof of payment and with any outstanding information and documentation will not be considered.

Signature		Date	
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For Electronic Banking and Direct Deposits:

Please use initials and surname to identify your payment.

iLGM's Banking details will appear on your invoice.