

**AFRICAN ASSOCIATION OF REMOTE
SENSING OF THE ENVIRONMENT (AARSE)**

MEMBERSHIP REGISTRATION FORM

Membership in the Association is open to any individual and institution/organization engaged in the development and practice of geomatics (i.e. remote sensing, Geographic information systems, photogrammetry, photo-interpretation, surveying and cartography) as well as those individuals and institutions/organizations interested in the development, application and products of these geo-information technologies in their respective areas of operation.

The annual membership dues, which include the subscription for the AARSE newsletters are:

I. Student Members	US\$ 15.00
II. Individual (non-student) Members	US\$ 30.00
III. Voluntary enhanced membership fee	US\$ 80.00
IV. Institutional Members	US\$ 200.00

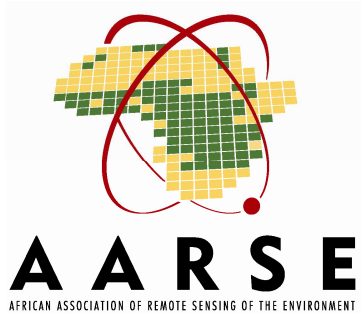
Appropriate payments should be made by cheque, payable to African Association of Remote Sensing of the Environment (AARSE) in US dollars or its equivalent exchangeable currency.

IMPORTANT

Detailed information about such bank transfers should be sent to:

AARSE Treasurer:

Prof. Harold J. Annegarn, University of Johannesburg, Auckland Park, Johannesburg, P.O.Box 524, Johannesburg, Auckland Park 2006, Republic of South Africa. Email: hannegarn@gmail.com



**AFRICAN ASSOCIATION OF REMOTE
SENSING OF THE ENVIRONMENT (AARSE)**

MEMBERSHIP APPLICATION FORM

A. STUDENT MEMBER

- 1. **NAME** (in capital)
(Surname) (First)
- 2. **TITLE** (encircle as appropriate): Mr. / Ms / Dr. / Prof. / other
- 3. **STUDENT OF:**
(University or College)
- 4. **DEGREE PROGRAM** (encircle as appropriate): Bsc /MSc / PhD / Other
- 5. **FIELD OF STUDY:**
- 6. **FULL MAILING ADDRESS:**
.....
- ZIP CODE:** **TEL:** **FAX:**
(include country and city codes)

____ / ____ / 2010
Date

Signature



AFRICAN ASSOCIATION OF REMOTE SENSING OF THE ENVIRONMENT (AARSE)

MEMBERSHIP APPLICATION FORM

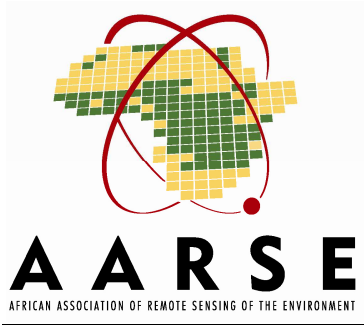
B. INDIVIDUAL (REGULAR) MEMBER

- 1. **NAME** (in capital)
(Surname) (First)
 - 2. **TITLE** (encircle as appropriate): Mr. / Ms / Dr. / Prof. / other
 - 3. **Position** (Director/Director General/Educator/Other
 - 4. **Organization/Institution:**
(University or College)
 - 5. **DEGREE PROGRAM** (encircle as appropriate): Bsc /MSc / PhD / Other
 - 6. **AREA OF SPECIALIZATION:**
 - 7. **FULL MAILING ADDRESS:**
-

ZIP CODE: **TEL:** **FAX:**
(include country and city codes)

____/____/ 2009
Date

Signature



AFRICAN ASSOCIATION OF REMOTE SENSING OF THE ENVIRONMENT (AARSE)

MEMBERSHIP APPLICATION FORM

C. INSTITUTIONAL MEMBER

1 NAME OF INSTITUTION/ORGANIZATION:

.....

2 NAME OF CONTACT OFFICIAL:
(Surname) (First)

3 MAIN FUNCTION (S):

4 FULL MAILING ADDRESS:

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ZIP CODE TEL (+.....).....

FAX.....(+.....).....

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(Include country and city codes)

____/____/ 20
Date

Signature