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| **IMPORTANT: PLEASE TAKE NOTE** |
| * **THE MEMBERSHIP APPLICATION PROCESS COULD TAKE BETWEEN 7-14 DAYS TO COMPLETE.**
* **INCOMPLETE APPLICATIONS WILL NOT BE ACCEPTED.**
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| *IWMEswatini Office Use Only* **Organisation Application for Membership** |
| Date Received |   | Added to Dropbox |   | Region |    |
| Signed COE Date |   | SCOE added to DB |   | Member Class |    |
| Company Profile |  | Co Reg. Certificate |  | Date Approved |  |
| Proof of payment |   |  |   | Approved By |    |
| Payment Received |  | Processed Date |  | Approval  |  |
|  |  |
| Date Certificate emailed: |  | **Membership No:**  |  |  |  | **2** | **1** |  |  |   |

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| ***\*Please note*** *- only complete this Application form if it is for a Patron, Organisation, NGO, School or Municipal Membership. A separate application form is available for individual members. Please contact* ***membership@iwmemeswatini.org*** *should you require any assistance.*The **Institute of Waste Management of Eswatini (IWMEswatini)** is a multi-disciplinary non-profit association that is committed to supporting professional waste management practices. By becoming a member your organisation chooses to align them self to the Code and Ethics of the IWMEswatini. There are many benefits associated to being a member of the IWMEswatini; however, we can only be successful through the contributions made by our members. We look forward to your support as a member of the IWMEswatini. **Once you have completed the application form please email together with supporting documents to** membership@iwmeswatini.org |

# **Section A. Patron, Organisation, School and Municipal Membership:**

|  |  |
| --- | --- |
| **Registered Company Name** |  |
| **Trading as** |  |
| **Address:** | **Postal** | **Physical (if different)** |
|  |  |
|  |  |
|  |  |
| **No. of Employees**  |  |
| **Tel:** |  | **Website:** |  |
| **Nominated representative:(1)#** | **Surname:** |  | **First Name:** |  | **Title:** |  |
| **Position:** |  | **ID No:** |  |
| **E-Mail:** |  | **Cell:** |  |
| **Nominated representative:(2)#** | **Surname:** |  | **First Name:**Name: |  | **Title:** |  |
| **Position:** |  | **ID No:** |  |
| **E-mail:** |  | **Cell:** |  |
| **Main business:** |  |
| **VAT No:** |  | **\*Company Registration No:** |  |
|  |  |  |

**# Representatives to be the same as on the Code of Ethics.**

**Organisation Membership class applied for: *(please tick one block only)***

Annual Membership fees exclude VAT and are fixed until June 2022 and thereafter subject to an annual increase.

A once off joining fee is applicable plus the annual fee. Kindly refer to the total due for the first year.

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Member Type** | **Criteria for membership** | **Joining Fee** | **Annual Fee** | **Total Due** |
| **Patron member** | This membership is for organisation members who take responsibility and are dedicated to our policies and ideals    | **n/a** | **E25,000.00** | **E25,000.00** |
| **Organisation Member (1-10)\*** | 1-10 employees | **E600.00** | **E1,200.00** | **E1,800.00** |
| **Organisation Member (11-50)\*** | 11-50 employees | **E900.00** | **E1,800.00** | **E2,700.00** |
| **Organisation Member (51+)\*** | 51+ employees | **E1,200.00** | **E2,500.00** | **E3,700.00** |
| **\****Separate application required for each branch* | Membership does not include all branches; it is specific to the address supplied. Should branches wish to apply a separate application form is required per branch. |  |
| **Small municipality** | Small municipality | **E250.00** | **E1,550.00** | **E1,800.00** |
| **Medium municipality** | Medium municipality | **E350.00** | **E3,440.00** | **E3,790.00** |
| **Large municipality** | Large municipality | **E450.00** | **E4,870.00** | **E5,320.00** |
| **School / NGO** | School / NGO | **E200.00** | **E380.00** | **E580.00** |

**Why would you like to become a member of the IWMEswatini? What benefits do to see in being a member? This section is compulsory**

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**Please indicate how you heard about us?**

**IWMEswatini website**

**IWMEswatini event**

**Media**

# **Section B. Category of company/discipline**

**Into which category do you fall?**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Consultant |  | Waste Processor |  | Government |  |
| Waste Contractor |  | Waste Treatment |  | Municipality |  |
| Legal |  | Education |  | Manufacturing |  |
| NGO |  | Engineering |  | Equipment Supplier |  |
| Research |  | Laboratory |  | SHEQ |  |

**Which services do you provide?**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Waste Avoidance |  | Permitting / Licensing |  | Transport |  |
| Waste Minimisation |  | Equipment |  | Training |  |
| Waste recycling |  | Sampling / Analysis |  | Waste Disposal |  |
| Waste reuse |  | Auditing |  | Hazardous Waste |  |
| Waste classification |  | EIA’s |  | General Waste |  |

**Which sectors do you service?**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Domestic/House hold |  | Health Care Risk Waste |  | Construction |  |
| Commercial |  | Agricultural |  | Education |  |
| Industrial |  | Other |

|  |  |
| --- | --- |
| *Question* | *Please attach a copy of the documents. If No, indicate reason* |
| Do you have any operating licenses?  | ***Yes*** | ***No*** |  |

# **Section C. Accreditation**

**Do you comply with relevant ISO standards?**

**Yes** **No** **N/A**

\*\* If YES, please attached a copy of your ISO Certificate.

The IWMEswatini may require a random visit to your working premises to ensure compliance of all waste management legislation and to view the implementation of your integrated waste management practices. Do you agree to a site visit by a member of the IWMEswatini Committee / Representative?

**Yes No**

Please provide the address for the site visit:

**Have you attended any IWMEswatini Training Courses? Yes No**

\*\* If YES, please state name and date of course/s

**Would you like to attend the next course? Yes No**

# **Section D. Applicants Declaration:**

* I undertake to abide by the Constitution and Rules of the Institute, and to promote the aims and objectives of the Institute.
* I understand that being a member of the IWMEswatini is a long-term commitment with an annual subscription fee due in July each year, which is subject to an annual increase.
* I acknowledge that if I do not notify the IWMEswatini of my withdrawal from the IWMEswatini membership by end September, that I will be accountable for the membership fees due for that year. Should the organisation be deleted due to un-paid fees and wish to re-apply at a later stage we will still be liable for the outstanding fees, joining fee and current annual fee.
* As part of the membership benefits, we agree to receive email and sms communications from the IWMEswatini.

**I accept the above terms and conditions and hereby apply for membership (tick the box).**

Please note that we will never share your contact information with third parties.

|  |  |
| --- | --- |
| **Signature** | **Print Full Name:** |
| **Date** | **ID Number:** |

# **Section E. Checklist of supporting documentation:**

Once you have completed and signed the application form, please email together with the following supporting documents to membership@iwmeswatini.org

Please note that without the supporting documentation, your application cannot be submitted for consideration.

|  |  |  |
| --- | --- | --- |
| **Attached a copy of the following:** | **If not attached, indicate Reason** | **Tick** |
| Proof of payment |  |  |
| Signed Code of Ethics | no electronic signatures accepted |  |
|  Copy of ID |  |  |
| Company Profile |  |  |
| Company Registration Document – Memorandum of articles |  |  |

# **Section F. Institute of Waste Management Eswatini Banking Details**

# **Banking Details**

**First National Bank, Manzini; Branch Code: 282064; Account No: 62919647539**

**Please use the company name as the reference when making payment.**

If you would like to pay with your credit card please let us know and a link will be emailed to you.

**Code of Ethics**

**This Code of Ethics shall be binding upon all members of the Institute of Waste Management of Eswatini (IWMEswatini) and any breach thereof shall be dealt with by an *ad hoc* disciplinary committee constituted from time to time by the Council of the Institute.**

**All members shall:**

1. Uphold the reputation of the Institute and not bring the Institute into disrepute.
2. Abide by the Constitution, Policies and By-laws of the Institute.
3. Comply with all relevant legislation pertaining to waste management and the environment.
4. Conduct themselves in an honourable and ethical manner and shall, so far as possible, always have full regard to the interests of the public and the environment. Furthermore, their conduct shall at all times be conducive to maintaining the good reputation of the waste management industry.
5. Maintain their knowledge and skills at levels consistent with development in technology, legislation and management.
6. Apply due skill, care and diligence in conducting their business and / or rendering services and only accept or undertake work for which they possess, or can acquire and manage with responsibility, the necessary professional competence and organisation.
7. Obtain any contract, service or sale only through legally acceptable business practices.
8. Not intentionally impugn the professional reputation of another member.
9. Advertise their services in an honest manner, which is not derogatory to the dignity or standing of the industry.
10. Only issue statements on behalf of the Institute, if specifically authorised by the official Institute spokesperson.
11. While occupying a position of Office in the Institute, shall not use their position to promote their own business interests.

**This serves to confirm that we have read and understand the above and agree to abide by the Code of Ethics as set out by the Institute of Waste Management of Eswatini.**

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Signed this** |  | **day of** |   |  | **20** | **2** | **at** |  |
| **Full Name** |  | First Name/ Initials/ Surname |
| **Signature:**  |  |  |
| **Position:** |  | **\*ID Number:** |  |
| **Duly authorised to sign on behalf of** |  |
|  |  (registered company name + trading name) |
| **Hereby authorise the following 2 nominated representatives:***# Representatives to be the same as on the First Page* of the Application form | *\*****ID Copies of representatives and duly authorised person to be attached*.** |
| **Full Name:** |  | **\*ID Number:** |  |
| *Position:* |  |  |  |
| **Full Name:** |  | **\*ID Number:** |  |
| *Position:* |  |  |  |