



**DIE SUID AFRIKAANSE VERENIGING VAN ANESTESIOLOË**  
(ERKENDE GROEP VAN S.A.M.A)

**THE SOUTH AFRICAN SOCIETY OF ANAESTHESIOLOGISTS**

(OFFICIAL GROUP OF S.A.M.A)  
REG No/Nr. 05/00136/08  
VAT No. 4680223379

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CRAMERVIEW  
2060

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**Telefax:** 011 463 1041  
**Email:** sasa@uiplay.com

### APPLICATION FOR MEMBERSHIP

*(Please print the following details) Please write clearly!*

<b>TITLE:</b>	<b>INITIALS:</b>	<b>SURNAME:</b>
		<b>FIRST NAME:</b>
<b>ID NUMBER:</b>		
<b>POSTAL ADDRESS:</b>		
		<b>CODE:</b>
<b>TELEPHONE:</b> Work (      )		Home (      )
Mobile		Fax (      )
<b>EMAIL:</b>		
(Please write clearly!)		

### PROFESSIONAL QUALIFICATIONS:

Please state your registration with HPCSA: Specialist  Medical Practitioner

Category of registration with HPCSA (from membership card)

Qualification: MMed (Anaes)  FCA  DA

SAMA number\*:  HPCSA NO:

\*Not compulsory

Of which branch of SASA would you like to be member?

Class of membership for which you are applying:

Private Practice  Full-Timer  Full-timer/LPP  Associate  Registrar

### Membership Subscriptions for 2010

Category	Subscription	VAT	Branch Fee	Total
Private Practice	R1020.00	142.46	50.00	R1212.46
Full-timers	R820.00	100.70	50.00	R970.70
Full timers with Limited Private Practice	R870.00	121.80	50.00	R1041.80
Associate	R870.00	121.80	50.00	R1041.80
Registrar	R120.00	16.80	15.00	R151.80

**I HEREBY DECLARE THAT THE ABOVE INFORMATION IS TRUE AND CORRECT**

*If accepted, I agree*

- To abide by the constitution and by-laws of the Society
- To remain a member in good standing with the South African Medical Association
- To pay all subscriptions and levies as are/or may be payable
- To notify the Hon. Secretary or Hon. Treasurer of any change in qualification status, employment or address

I understand that I am not eligible to belong to any Regional Branch of the Society if I am not a member in good standing of the South African Society of Anaesthesiologists.

<b>SIGNATURE</b>	<b>DATE:</b>
<b>PROPOSED BY:</b> (Please print)	<b>SECONDED BY:</b> (Please print)