



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)

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APPLICATION FOR MEMBERSHIP

(Please print the following details)

Title	Initials	Surname
First name		
ID number		
Postal address		
Code		
Telephone Work		Home
Mobile		Fax
E-mail (Please write clearly)		

PROFESSIONAL QUALIFICATIONS:

Please state your category of registration with HPCSA Specialist Medical Practitioner
(from membership card)

Qualifications MMed (Anaes) FCA DA

HPCSA No. BHF Practice No.

To which branch of SASA would you like to belong?

Class of membership for which you are applying:

Private Sector Limited Private Practice Public Sector Registrar

Membership Subscriptions for 2010/2011

Category	Subscription	VAT	Branch Fee	Total
Private Sector	R1150.00	R161.00	R50.00	R1361.00
Limited Private Practice (full-time)	R990.00	R138.60	R50.00	R1178.60
Public Sector	R827.00	R115.78	R50.00	R992.78
Registrars	R140.00	R19.60	R15.00	R174.60

I hereby declare that the above information is true and correct and have read the points below*

Applicant's signature:	Date:
Proposed by: (Please print)	Seconded by: (Please print)

(Proposer and seconder must be SASA members in good standing)

*** If accepted, I agree:**

- To abide by the constitution and by-laws of SASA.
- To pay all subscriptions and levies as are, or may, be payable.
- That, if I do not pay my annual subscriptions, I will pay all outstanding dues before becoming a member of good standing in any latter year.
- To notify the Hon. Secretary or Hon. Treasurer of any change in qualification status, employment or address.
- That, to qualify for the SASA national congress membership registration fee, all subscriptions due will be paid by 31 December in the year preceding the congress.
- That I am not eligible to belong to any regional branch of SASA if I am not a member in good standing of SASA.