



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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2060

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APPLICATION FOR NEW MEMBERSHIP 2008/2009

(Please print the following details) Please write clearly!

TITLE:	INITIALS:	SURNAME:
		FIRST NAME:
ID NUMBER:		
POSTAL ADDRESS:		
CODE:		
TELEPHONE: Work ()	Home ()	
Mobile	Fax ()	
EMAIL:		
(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 2008/2009		Branch Subscriptions for 2008/2009		
Private Practice	R926.00		Full	Associate
Full-timers	R654.00	Acacia	R50.00	R10.00
Full timers with LPP	R790.00	Cape Eastern	R50.00	R10.00
Associate	R790.00	Cape Western	R50.00	R10.00
Registrar	R110.00	Free State	R30.00	R30.00
(plus 14% VAT)		Gauteng South	R75.00	R15.00
		KZN	R50.00	R10.00

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.

SIGNATURE	DATE:
PROPOSED BY: (Please print)	SECONDED BY: (Please print)