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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APPLICATION FOR MEMBERSHIP

(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: MP

*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 2009/2010

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.

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