



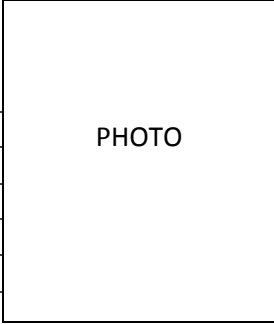
THE SOUTH AFRICAN SOCIETY FOR SURGERY OF THE HAND

SAMA
(Incorporated Association not for gain)
(Reg. No. 05/00136/08)

✉ 2721 BELLVILLE SOUTH AFRICA 7535
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Email: sassh@iafrica.com 🌐 www.sassh.co.za

MEMBERSHIP APPLICATION

Surname _____ Title _____
First Names _____
E-mail address _____
Business Address _____
Tel _____ Cell _____
Home Address _____



I am member of SAMA YES NO HPCSA Registration No: _____

I am member of the following Medical Association/Societies
1. _____ 2. _____ 3. _____

HAND SURGERY TRAINING

Hospital	Consultant	Dates

PROFESSIONAL EXPERIENCE

Hospital/Practice	Post Held	Dates

PRESENT POSIITON

Hospital/Practice	Position	Since (date)

I wish to apply for following membership

Full R745	Associate R420	Affiliate R420
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Date _____ Signature _____

PAYMENT OPTIONS and BANK DETAILS:

- Payments to SASSH (The South African Society for Surgery of the Hand)
- Payment can be made by Cheque, EFT (Internet Banking) or by Direct Deposit to the SASSH account (See details below)
- When cash OR cheque deposits are made, please add R40.00 for bank handling fees

Account Name: SASSH	Email address: sassh@iafrica.com
Bank: First National Bank	Postal Address:
Branch: Tygerberg	PO Box 2721, Bellville, SA 7535
Branch Code: 201410	Reference: Use your SURNAME as reference
Account number: 59380019934	(DO NOT use your MP number)

Please return completed form with a recent **photograph** and proof of payment to sassh@iafrica.com