



# THE SOUTH AFRICAN SOCIETY FOR SURGERY OF THE HAND



95 Ninth Avenue, Bellville, 7530, South Africa  
☎ 021 9454956 📠 084 055 1152  
Email: [sassh@iafrica.com](mailto:sassh@iafrica.com) ⓘ [www.sassh.co.za](http://www.sassh.co.za)

## MEMBERSHIP APPLICATION

Surname _____	Title _____	PHOTO
First Names _____		
E-mail address _____		
Business Address _____		
Tel _____	Cell _____	
Home Address _____		
HPCSA Registration No: _____		

I am member of the following Medical Association/Societies

1. \_\_\_\_\_ 2. \_\_\_\_\_ 3. \_\_\_\_\_

I wish to apply for:

Full Member	Associate Registrar	Affiliate member of SASHT
-------------	---------------------	---------------------------

### HAND SURGERY TRAINING

Hospital	Consultant	Dates

### PROFESSIONAL EXPERIENCE

Hospital/Practice	Post Held	Dates

### PRESENT POSIITON

Hospital/Practice	Position	Since (date)

### CONTRIBUTIONS to Hand Surgery

Publications, Committees, Congress Organiser, etc.


Date \_\_\_\_\_ Applicant's signature \_\_\_\_\_

Name of Proposer \_\_\_\_\_ Proposer's signature \_\_\_\_\_

Name of Seconder \_\_\_\_\_ Seconder's signature \_\_\_\_\_

Please return completed form with a recent **photograph** to [sassh@iafrica.com](mailto:sassh@iafrica.com)

For Office use only	
<b>Application acknowledged on date:</b>	
<b>Application approved on date:</b>	

