



THE SOUTH AFRICAN SOCIETY FOR SURGERY OF THE HAND

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

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MEMBERSHIP RENEWAL

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. _____

I wish to apply for Membership:

Full R745

Associate R420

Affiliate R420

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	
Branch Tygerberg	Postal Address:
Branch Code 201410	PO Box 2721, Bellville, SA 7535
Account number 59380019934	Reference Use your SURNAME as reference (DO NOT use your MP number)

Please return form and proof of payment to sassh@iafrica.com