Unit 16 Northcliff Office Park
203 Beyers Naude Drive
Northcliff, 2115

Tel: 011 340 9000
Fax: 011 782 0270
info@semdsa.org.za

PO Box 2127
Cresta
2118

INDUSTRY MEMBERSHIP APPLICATION

I, the undersigned _____ on behalf of (Company Name) _____

confirm herewith that the company is a member of the Society for Endocrinology, Metabolism and Diabetes of South Africa (SEMDSA).

SIGNED at_____ this _____day of _____20___.

Signature: _____

NOTE:
Membership information, to be confirmed by the applicant (or each partner in the event of a group practice). The information below is necessary in order to prepare a complete members database. Please complete in full. Retain a copy for your records. The majority of communications is by e-mail and sms notifications.

COMPANY NAME		
SURNAME		TITLE
FULL NAMES		
KNOWN AS NAME		
COMPANY REGISTRATION #		
POSTAL ADDRESS		Code:
PHYSICAL ADDRESS		
PROVINCE		Code:

TELEPHONE NO.	FAX NO.	CELLULAR NO.
EMAIL ADDRESS		
VAT REGISTRATION NUMBER (where applicable)		

INDUSTRY FEE 2016 R 10 000 PER ANNUM	Account Name: SEMDSA – NEDBANK SANDTON – Branch: 197005 - Account # 1970416556 Ref: SEMDSA / Company Name email proof of payment to info@semdsa.org.za / fax. 011 782 0270