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|  | | *Unit 16 Northcliff Office Park*  *203 Beyers Naude Drive*  *Northcliff, 2115*  *PO Box 2127*  *Cresta, 2118*  *Tel: 011 340 9000*  *Fax: 011 782 0270* | | |
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| **MEMBERSHIP APPLICATION** | | | | |
| The SAPPF has been established in response to the extraordinary times we are living through and the enormous competing challenges facing the medical profession. The ethos of the SAPPF is to focus on meeting the challenges faced by private specialists, to create the best possible environment for them in which to serve their patients. This is a brand new venture and we are all pioneers. Together we will make a difference. I, the undersigned hereby apply to take up membership in SAPPF (the Company). I acknowledge that the Articles of Association of the Company are available for my inspection.  SIGNED at\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ this \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_day of \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_20\_\_\_\_.  Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | | |
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| ***NOTE:***  *Membership information, to be completed 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.* | | | | |
| TITLE |  | | | |
| SURNAME |  | | | |
| FIRST NAMES |  | | | |
| POSTAL ADDRESS |  | | | |
| PRACTICE / PHYSICAL ADDRESS |  | | | |
| PRACTICE NAME |  | | | |
| IDENTITY NUMBER | PRACTICE NUMBER (BHF),(PCNS) | | | HPCSA REGISTRATION NUMBER |
|  |  | | |  |
| VAT REGISTRATION NUMBER | | | EMAIL ADDRESS | |
|  | | |  | |
| PRACTICE TELEPHONE NO. | PRACTICE FAX NO. | | | CELLULAR NO. |
|  |  | | |  |
| MEMBERSHIP TYPE | Full member via society □R1430.00 (Excl VAT)  Full member individual □R1700.00 (Excl VAT) | | | |
| DISCIPLINE *(e.g. Cardiologist)* |  | | | |
| SUB-SPECIALTY *(e.g. Paediatric Cardiology)* |  | | | |
| ***Please email back to hillary@healthman.co.za***  **Banking Details:**  Account Name: South African Private Practitioners Forum  Bank: ABSA Northcliff  Account Number: 40-7290-8323 | | | | |