

**MEMBERSHIP APPLICATION**

I, the undersigned \_\_\_\_\_ hereby apply to take membership in the Society for Endocrinology, Metabolism and Diabetes of South Africa (SEMDSA). I acknowledge that the Articles of Association of the Society are available for my inspection and that the information provided below is true and correct.

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.

SURNAME		TITLE	
FULL NAMES			
KNOWN AS NAME	<b>Sponsors require us to indicate the following fields for the purposes of BBBEE certification:</b>		
	ID Number:		
	Gender:		
Race:			
POSTAL ADDRESS		Code:	
PRACTICE / PHYSICAL ADDRESS			
PROVINCE		Code:	
PRACTICE TELEPHONE NO.		PRACTICE FAX NO.	CELLULAR NO.
PERSONAL EMAIL ADDRESS		PRACTICE EMAIL ADDRESS	
VAT REGISTRATION NUMBER (where applicable)	PRACTICE NUMBER (BHF)(PCNS)	HPCSA REGISTRATION NUMBER	
<b>MEDICAL FIELD</b> (please select one)	ENDOCRINOLOGIST (R1000)	EDUCATOR (R200)	
	SPECIALIST PHYSICIAN (R1000)	REGISTRAR: <b>Please specify</b> (R200)	
	GENERAL PRACTITIONER (R750)	STUDENT: <b>Please specify</b> (R200)	
	SCIENTIST (R500)	NURSE (R200)	
	DIETICIAN (R500)	OTHER: <b>Please specify</b> (R500)	
	PODIATRIST (R500)		
<b>SECTOR</b> (please select one)	PRIVATE PRACTICE	LIMITED PRIVATE PRACTICE	PUBLIC SECTOR
	UNIVERSITY / SCIENCE COUNCIL	ACADEMIC	CORPORATE
	HONORARY MEMBER		

**Account Name: SEMDSA – NEDBANK SANDTON – Branch: 197005**  
**Account # 1970416556 – Ref: Your Surname & Initials (ie. Black, J)**  
**email proof of payment to [info@semdsa.org.za](mailto:info@semdsa.org.za) / fax. 011 782 0270**