



SASSM MEMBERSHIP APPLICATION FORM

Biographical Data

Surname: _____

First Name: _____

Middle Initial: _____ Suffix: _____

Date of Birth: _____/_____/_____

Gender: Male /Female

Addresses (Please provide both addresses and tick preferred mailing address)

Professional Address

Business Name: _____

Address: _____

City: _____ Province: _____

Post Code: _____ Country: _____

Phone: (____) _____ Fax: (____) _____

E-mail: _____

Home Address

Address: _____

City: _____ Province: _____

Post Code: _____ Country: _____

Phone: (____) _____ Fax: (____) _____

E-mail: _____

E-mail addresses will be used to provide members with information about SASSM and industry news and events.

SASSM does NOT rent e-mail addresses to third-party organizations.

MEMBERSHIP CATEGORY APPLIED FOR (Please Circle the Number):

1. Medical Membership (i.e. registered with HPCSA as a doctor or specialist)
2. Non-Medical Membership (HPCSA Registered)
3. Associate Membership (Non-HPCSA Registered)
4. Honorary member
5. Unattached Member

1. Medical Membership Applicants (Please provide the following information:)

1. HPCSA Registration Number _____

2. BHF Registration Number _____

Area of Registered Speciality with HPCSA _____

Please enclose a cheque made payable to SASSM for R250

2. Non-Medical Membership Applicants (Please provide the following information:)

1. HPCSA Registration Number _____

2. BHF Registration Number _____

Area of Registered Speciality with HPCSA _____

Please enclose a cheque made payable to SASSM for R150

3. Associate Membership Applicants

Please provide your Current Employment and Professional Details:

Please enclose a cheque made payable to SASSM for R150

4. Honorary and Unattached Membership Applicants

If you would like to become an Honorary or Unattached Member kindly write to the SASSM office stating your interest(s) in Sleep Medicine and reasons for wanting to join. The SASSM executive will consider each applicant on its merits.

PLEASE POST ALL COMPLETED APPLICATION FORMS TOGETHER WITH PAYMENT TO:

SASSM Membership Department , PO Box 555, Noordhoek, 7979, Western Cape.