

Membership Application and Renewal Form NEW MEMBER (R 100 joining fee PLUS R 250 Annual Fee inclusive of VAT) ANNUAL RENEWAL (R 250 per annum inclusive of VAT) Annual membership due on 1 March of each year. Bank details: Account CCSSA; Bank INVESTEC; Branch 580105; Account: 10011877900. Applicant's details: Title: _____ Initials: _____ First Names: _____ Known as: Last Name: _____ PROFESSIONAL COUNCIL No: _____Cell No: _____ Phone No: _____ Fax No: _____ Email: Postal Address: ______City: ______Province: _____ Work Address: ______Postal Code: ______ Country: _____ SA ID Number: _____ **FULL MEMBERS: Please tick which is applicable** Critical Care Specialist: Infectious Disease Specialist: Anaesthetist: Registrar: General Nurse: ICU/CC Qualified Nurse: Dietician: Physiotherapist: | Paramedic: | Clinical Technologist: | Other (please specify): _____ **AFFILIATE MEMBERS:** Pharmaceutical Industry Other (please specify): _____ Sector of work: Private and Public: Private: Public /Government: Academic: Paediatrics: Adult: