



THE ASSOCIATION OF SURGEONS OF SOUTH AFRICA



affiliated to

THE SOUTH AFRICAN MEDICAL ASSOCIATION

Incorporated Association not for gain. Reg No. 05100136108

MEMBERSHIP APPLICATION FORM

NAME: _____

ADDRESS: _____

TELEPHONE: _____ TELEFAX: (_____) _____

E.MAIL: _____

Please tick

SURGEON
PRIVATE PRACTICE
FULLTIME HOSPITAL PRACTICE
REGISTRAR
SPECIAL INTERESTS IN
SURGERY _____

Please tick

MEMBER OF OTHER GROUPS: SAGES
SRS
VASSA
TRAUMA
SASES
OTHER

ANNUAL SUBSCRIPTION 2006

SURGEON R850, 00 (Includes SA Journal of Surgery)
REGISTRAR R200, 00

Banking Details:

ASSA Personal Trust
Nedbank Account 1009323423
Branch 100909- St George's St, Cape Town

PAYMENT SHOULD BE SUBMITTED WITH THIS APPLICATION FOR MEMBERSHIP

SIGNED: _____

PLEASE RETURN TO: THE SECRETARIAT
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Private Bag X2600
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2041 RSA
TEL: (011) 482 2034
Fax: 086 556 2232

E.mail: assa@worldonline.co.za
Website: www.surgeon.co.za

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