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MEMBERSHIP APPLICATION/ UPDATE OF DETAILS

Please allow for a maximum of 5-7 working days, from date of receipt, for your application to be finalised

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: _____

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		
<i>Sponsors require us to indicate the following fields for the purposes of BBBEE certification:</i>	PRACTICE NUMBER (BHF),(PCNS)	HPCSA REGISTRATION NUMBER
	ID Number:	
	Gender:	
	Race:	
VAT REGISTRATION NUMBER	EMAIL ADDRESS	
PRACTICE TELEPHONE NO.	PRACTICE FAX NO.	CELLULAR NO.
MEMBERSHIP TYPE <i>(membership is covered at R1932.00 (Incl. Vat annum) for members of an affiliated groups of SAPPF)</i>	Full member individual <input type="checkbox"/> R2277.00 (Incl. Vat)	
DISCIPLINE (e.g. Cardiologist)		
SUB-SPECIALTY (e.g. Paediatric Cardiology)		
<i>Please email back to hillary@healthman.co.za</i>		