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**NEW MEMBERSHIP APPLICATION**

<b>TITLE</b>		<b>KNOWN AS</b>	
<b>SURNAME</b>			
<b>FULL NAMES</b>			
<b>Sponsors require us to indicate the following fields for the purposes of BBBEE certification:</b>			
<b>ID NUMBER OR PASSPORT NO:</b>			
<b>GENDER:</b>			
<b>RACE:</b>			
<b>POSTAL ADDRESS:</b>		<b>PRACTICE PHYSICAL ADDRESS:</b>	
	<b>CODE</b>		<b>CODE</b>
<b>PRACTICE NO (BHF),(PCNS)</b>		<b>VAT REGISTRATION NO</b>	
<b>HPCSA REGISTRATION NO</b>		<b>CELL NO</b>	
<b>PRACTICE TEL NO</b>		<b>PRACTICE FAX NO</b>	
<b>EMAIL ADDRESS</b>		<b>PROVINCE</b>	
<b>TYPE OF MEMBERSHIP</b>			
<input type="checkbox"/> Private Practice <input type="checkbox"/> First Year Private Practice <input type="checkbox"/> Public Service <input type="checkbox"/> Audiologist & Associate Member <input type="checkbox"/> Overseas <input type="checkbox"/> Temporary Away Members <input type="checkbox"/> Registrar <input type="checkbox"/> Medical Officer <input type="checkbox"/> Honorary Member			
<i>I, _____ hereby declare that I am currently a member of the society for ORL-HNS and the ENT Management Group and that my details regarding membership are correct.</i>			
<i>Signed at _____ on this ____ day of _____ 2020.</i>			
<i>Signature: _____</i>			
<b>Please note:</b>			
Membership information must be completed by the applicant (each partner in the event of a group practice). The information required is necessary to compile a complete member's database. Please complete in full and retain a copy for your records. The majority of communications will be by e-mail and SMS. Please consider the optional completion of the ACB authority page, which will provide authorization for your membership fee to be paid by monthly debit order.			
<b>Please complete &amp; email to <a href="mailto:admin@entsociety.co.za">admin@entsociety.co.za</a> or fax 011 782-0270 for attention Janette</b>			