



Unit 16, Northcliff Office Park
203 Beyers Naude Drive
Northcliff
2115

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YOUR PROFESSIONAL BUSINESS PARTNER

PO Box 2127
Cresta
2118

NEW MEMBERSHIP APPLICATION

TITLE		KNOWN AS	
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SURNAME	
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FULL NAMES	
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Sponsors require us to indicate the following fields for the purposes of BBBEE certification:

ID NUMBER OR PASSPORT NO:	
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IF NOT OWN ID – DATE OF BIRTH:	
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GENDER:	
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RACE:	
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POSTAL ADDRESS:	PRACTICE PHYSICAL ADDRESS:
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	CODE		CODE
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PRACTICE NO (BHF),(PCNS)		VAT REGISTRATI ON NO	
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HPCSA REGISTRATION NO		CELL NO	
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PRACTICE TEL NO		PRACTICE FAX NO	
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EMAIL ADDRESS		PROVINCE	
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TYPE OF MEMBERSHIP

- Private Practice
 First Year Private Practice
 Public Service
 Audiologist & Associate Member
 Overseas
 Registrar
 Supernumery Registrar
 Medical Officer
 Temporary Away Members
 Honorary Member

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.

Signed at _____ on this ____ day of _____ 20_____.

Signature: _____

Please note:

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.

Please complete & email to admin@entsociety.co.za or fax 011 782-0270 for attention Janette