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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**

I, the undersigned \_\_\_\_\_ hereby apply to take membership in the Society for Endocrinology, Metabolism and Diabetes of South Africa (SEMDSA). I acknowledge that the Articles of Association of the Society are available for my inspection and that the information provided below is true and correct.

SIGNED at \_\_\_\_\_ this \_\_\_\_\_ day of \_\_\_\_\_ 20\_\_\_\_.

Signature: \_\_\_\_\_

**NOTE:**

*Membership information, to be confirmed 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.*

SURNAME				TITLE
FULL NAMES				
KNOWN AS NAME	<b>Sponsors require us to indicate the following fields for the purposes of BBBEE certification:</b>			
	ID Number:			
	Gender:			
	Race:			
POSTAL ADDRESS				Code:
PRACTICE / PHYSICAL ADDRESS				
PROVINCE				Code:
PRACTICE TELEPHONE NO.	PRACTICE FAX NO.	CELLULAR NO.		
PERSONAL EMAIL ADDRESS	PRACTICE EMAIL ADDRESS			
VAT REGISTRATION NUMBER (where applicable)	<b>PRACTICE NUMBER (BHF)(PCNS)</b>		<b>HPCSA REGISTRATION NUMBER</b>	
<b>MEDICAL FIELD</b> (please select one)	ENDOCRINOLOGIST (R1000)		EDUCATOR (R200)	
	SPECIALIST PHYSICIAN (R1000)		REGISTRAR: <b>Please specify</b> (R200)	
	GENERAL PRACTITIONER (R750)		STUDENT: <b>Please specify</b> (R200)	
	SCIENTIST (R500)		NURSE (R200)	
	DIETICIAN (R500)		OTHER: <b>Please specify</b> (R500)	
	PODIATRIST (R500)			
<b>SECTOR</b> (please select one)	PRIVATE PRACTICE		LIMITED PRIVATE PRACTICE	PUBLIC SECTOR
	UNIVERSITY / SCIENCE COUNCIL		ACADEMIC	CORPORATE
	HONORARY MEMBER			

**Account Name: SEMDSA – NEDBANK SANDTON – Branch: 197005**  
**Account # 1970416556 – Ref: Your Surname & Initials (ie. Black, J)**  
**email proof of payment to [info@semdsa.org.za](mailto:info@semdsa.org.za) / fax. 011 782 0910**