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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	Sponsors require us to indicate the following fields for the purposes of BBBEE certification:			
	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)	PRACTICE NUMBER (BHF)(PCNS)		HPCSA REGISTRATION NUMBER	
MEDICAL FIELD (please select one)	ENDOCRINOLOGIST (R1500)		EDUCATOR (R600)	
	SPECIALIST PHYSICIAN (R1500)		REGISTRAR: Please specify (R1000)	
	GENERAL PRACTITIONER (R1500)		STUDENT: Please specify (R300)	
	SCIENTIST (R600)		NURSE (R300)	
	DIETICIAN (R600)		OTHER: Please specify (R600)	
	PODIATRIST (R600)			
SECTOR (please select one)	PRIVATE PRACTICE		LIMITED PRIVATE PRACTICE	PUBLIC SECTOR
	UNIVERSITY / SCIENCE COUNCIL		ACADEMIC	
	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 / fax. 011 782 0910