



SOUTH AFRICAN RENAL SOCIETY MEMBERSHIP APPLICATION FORM 2017

Please complete all sections

Title:		Surname:	
First Names:		HPCSA no.:	
Hospital/Centre:			
Physical Address:			
Town/City:		Postal code:	
Province:		Country:	
Telephone:		Mobile:	
Email:		Fax:	
Sector:	<input type="checkbox"/> Based in public/academic sector		<input type="checkbox"/> Based in private sector
Category of registration and field of practice:			
Registered Adult Nephrologist		Registered Paediatric Nephrologist	
Specialist Physician		Specialist Paediatrician	
Trainee in Nephrology, Internal Medicine or Paediatrics – please specify			
Other Medical Practitioner – specify			
Scientist – specify field of interest			
Current areas of activity (please check <u>all</u> that apply):		Am <u>not</u> active at present (e.g. retired)	
Clinical nephrology Teaching nephrology		Research in nephrology	
MEMBERSHIP OPTION SECTION (Please mark with an X)			
Full/Ordinary SARS Membership ONLY (R350)		Full/Ordinary SARS <u>and</u> ISN Membership (R2350)	
Trainee SARS Membership ONLY (R250)		Trainee SARS <u>and</u> ISN Membership (R2250)	
Payment:			
Amount Paid:			
Cheque Attached:		Proof of Funds Transfer Attached:	
Signature:		Date:	

SA Renal Society Bank details:

FNB cheque account, account number: 62195900553, N1 City branch, Code 200410
(Please state **SARS** followed by **your name**, on your bank transfer for fund tracking purposes)

Fax to: Sharon Beeming at 031 3686623 or **Email** to: Sharonb@turnergroup.co.za or
Mail to: The SARS Secretariat, Turners Conferences, PO Box 1935 Durban, 4000, South Africa.