



MEMBERSHIP APPLICATION FORM 2017

Please complete and return to the secretariat.

Last Name:				Prof/Dr/etc:	
First Names:					
Institution:					
Division:					
Please Tick :	Physician	<input type="checkbox"/>	Embryologist	<input type="checkbox"/>	
	Registered Nurse	<input type="checkbox"/>	Psychologists/Counsellors	<input type="checkbox"/>	
Qualifications:					
Fields of Interest:					
Special Interests:	1. Reproductive Medicine & infertility	<input type="checkbox"/>	2. Endoscopic Surgery	<input type="checkbox"/>	3. Both categories
Specialty in Practice:					
Province Registered:			HPCSA No:		
Address:					
City:				Code:	
Province:			County		
Telephone:			Fax:		
Cell phone:					
Email:					

Annual Membership fee is:

R350.00 for Scientists, Clinical Technologists & Nurses

R600.00 for Physicians

PAYMENT OPTIONS:

1 Bank Deposit : (Please fax a copy of your deposit to the secretariat)

Name : Turners Conferences – SASRSS
 Bank : First National Bank
 Branch and code : Durban Main Branch - 221426
 Account Number : 6213 323 7299

2 Credit Card :

Cardholder:					
Master	<input type="checkbox"/>	Visa	<input type="checkbox"/>	Diners	<input type="checkbox"/>
Card No.					
Expiry				CV	

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SECRETARIAT

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A Member of



Date:

Signature: