



[www.fertilitysa.org.za](http://www.fertilitysa.org.za)

## MEMBERSHIP DETAILS UPDATE FORM

Please complete and return to the secretariat.

Last Name:			Prof/Dr/etc:	
First Names:				
Institution:				
Division:				
Position:				
Qualifications:				
Fields of Interest:				
Special Interests:	1. Reproductive Medicine & infertility	2. Endoscopic Surgery	3. Both categories	
Specialty in Practice:				
Province Registered:			HPCSA No:	
Address:				
City:			Code:	
Province:				
Country:				
Telephone:			Fax:	
Cell phone:				
Email:				
Website:				
Notes - If Any				

### EXECUTIVE COMMITTEE:

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A Member of



International Federation of  
Fertility Societies

Date:

Signature: