



11. SASOHN MEMBERSHIP APPLICATION FORM

Only complete this form if you have **never** been a SASOHN member before. Please fax or email to the National Office.
(Failure to complete this form CLEARLY and in full will result in you not receiving correspondence from SASOHN)

1. PERSONAL DETAILS

ID NO			SANC REG NO		
TITLE			SASOHN NO	OFFICE USE	
FIRST NAMES			CELL NUMBER		
SURNAME			WORK NUMER		
EMAIL ADDRESS					
POSTAL ADDRESS (NB – all correspondance i.e. journals will be sent to this address)					
			POSTAL CODE		
QUALIFICATONS					
NAME OF INSTITUTION WHERE HIGHEST STUDY COMPLETE					
PLEASE TICK	DIPLOMA	DEGREE	MASTERS	PHD	OTHER

2. EMPLOYMENT DETAILS

COMPANY FULL NAME			VAT NO		
POSTAL ADDRESS					
				CODE	
JOB TITLE			TYPE OF INDUSTRY		

3. SASOHN REGION (Please indicate the region of your choice from the list below ONLY)

<input type="checkbox"/> EASTERN CAPE	<input type="checkbox"/> NORTHERN NATAL	<input type="checkbox"/> VAAL	<input type="checkbox"/> PRETORIA
<input type="checkbox"/> WESTERN CAPE	<input type="checkbox"/> KZN INLAND	<input type="checkbox"/> MPUMALANGA	<input type="checkbox"/> GAUTENG CENTRAL
<input type="checkbox"/> BORDER DISCUSSION GROUP	<input type="checkbox"/> KZN COASTAL	<input type="checkbox"/> WEST RAND	

4. MEMBERSHIP TYPE

NB: Affiliate and International members DO NOT qualify for Indemnity. This also applies to members not employed in Occupational Health.

FULL MEMBER AFFILIATE MEMBER INTERNATIONAL MEMBER

Please attach a certified copy of the following documents	
Certified copy of Identity Document/Passport	
Certified copy of Occupational Health Certificate	
SANC Receipt	

If you wish to stop your membership at anytime, SASOHN National Office must be notified in writing otherwise you will be liable to pay outstanding fees

SIGNATURE

DATE