



## 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.

**Please Note:** By completing this form you consent in terms of the Protection of Personal Information Act (POPI) to your personal information being obtained, utilized, and stored by SASOHN data systems.

(Failure to complete this form CLEARLY and in full will result in you not receiving correspondence from SASOHN)

### 1. PERSONAL DETAILS

TITLE		FIRST NAME		SASOHN NO	OFFICE USE ONLY
SURNAME				SANC REG NO	NURSES
ID NO				HPCSA REG NO	DOCTORS
CELL NUMBER				WORK NUMER	
ETHNICITY	<input type="checkbox"/> African <input type="checkbox"/> Caucasian <input type="checkbox"/> Coloured <input type="checkbox"/> Indian <input type="checkbox"/> Asian			GENDER	<input type="checkbox"/> Male <input type="checkbox"/> Female
EMAIL ADDRESS					
ALTERNATIVE EMAIL ADDRESS					
POSTAL ADDRESS (NB – all correspondence i.e., journals will be sent to this address)					
				POSTAL CODE	
QUALIFICATIONS					
NAME OF INSTITUTION WHERE HIGHEST STUDY COMPLETED					
PLEASE TICK	<input type="checkbox"/> DIPLOMA	<input type="checkbox"/> DEGREE	<input type="checkbox"/> MASTERS	<input type="checkbox"/> PHD	<input type="checkbox"/> 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)

- ☐ EASTERN CAPE ☐ NORTHERN NATAL ☐ VAAL ☐ PRETORIA ☐ WESTERN CAPE ☐ KZN COASTAL ☐ KZN INLAND ☐ MPUMALANGA  
☐ GAUTENG CENTRAL ☐ WEST RAND ☐ BORDER DISCUSSION GROUP – EAST LONDON

### 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 ☐ HONORARY LIFE MEMBER ☐ INTERNATIONAL MEMBER ☐ AFFILIATE MEMBER

I apply as an affiliate member as a result of

- a) my profession - please specify \_\_\_\_\_  
b) being an international colleague - please specify \_\_\_\_\_ and/or  
c) being affiliated with another professional organisation - please specify \_\_\_\_\_

Please attach a certified copy (not older than 3 months) of the following documents:	
Certified copy of Identity Document/Passport	
Certified copy of Occupational Health Qualification (Certificate/Diploma)	
SANC Receipt of Current Year	

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

SIGNATURE

DATE: