



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 | | | | HPSCA REG NO | DOCTORS |
| CELL NUMBER | | | | WORK TEL 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 |
| PRIVATE EMAIL ADDRESS* | | | | | |
| ALTERNATIVE EMAIL ADDRESS | | | | | |
| POSTAL ADDRESS (NB – all order deliveries i.e. book orders, 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 (PLEASE COMPLETE IN FULL FOR INVOICING PURPOSES)

| | | | |
|-------------------|--|------------------|--|
| COMPANY FULL NAME | | VAT NO | |
| POSTAL ADDRESS | | POSTAL CODE | |
| PROFESSION | | TYPE OF INDUSTRY | |

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

- ☐ EASTERN CAPE ☐ NORTHERN NATAL – DISCUSSION GROUP ☐ VAAL ☐ PRETORIA ☐ WESTERN CAPE ☐ KZN COASTAL ☐ KZN INLAND
☐ MPUMALANGA ☐ GAUTENG CENTRAL ☐ 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 ☐ INTERNATIONAL MEMBER ☐ AFFILIATE MEMBER ☐ RETIRED 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 Qualification/Occupational Health Qualification (Certificate/Diploma) | |
| SANC Receipt of Current Year (for registered nurses only) | |

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: