



12. CHANGE OF DETAILS

To be completed upon change of employment or any personal details

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 in full and email or fax to the National Office will result in you not receiving correspondence)

1. PERSONAL DETAILS

TITLE		FIRST NAME		SASOHN NO	
SURNAME				SANC REG NO	
ID NO				AUDIO REG NO	
CELL NUMBER				WORK NUMBER	
ETHNICITY				GENDER	
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 ☐ AFFILIATE MEMBER ☐ HONORARY LIFE MEMBER ☐ INTERNATIONAL MEMBER

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: