



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