

# SUBSCRIPTION FORM FOR NON-MEMBERS

**4 per annum**



PO Box 14804  
LYTTELTON, 0157

TEL: (012) 664 7460

FAX: (012) 664 6276

CELL: 072 233 6603

E-MAIL: [caryl@medpharm.co.za](mailto:caryl@medpharm.co.za)  
[www.medpharm.co.za](http://www.medpharm.co.za)

## 2009 TARIFFS (INCLUDING VAT)

ANNUAL ISSUES	PRICE PER ISSUE	TOTAL
4 - SOUTH AFRICA	R 70.00	R 280.00

### PLEASE COMPLETE THE FOLLOWING

NAME .....

POSTAL ADDRESS .....

..... POSTAL CODE .....

TELEPHONE (.....) .....

FAX (.....) .....

### ACCOUNT DETAILS

CHEQUE NUMBER ..... DEBIT MY VISA/MASTERCARD  Y  N

YOUR BANK ..... CARD NUMBER .....

BRANCH NUMBER ..... EXPIRY DATE .....

POSTAL ORDER ..... CVC NUMBER (LAST 3 DIGITS ON REVERSE SIDE)

**NB: CHEQUES TO BE ISSUED TO  
SASA**

SIGNATURE .....

For direct deposits the following bank details apply:

**MEDPHARM PUBLICATIONS PTY (LTD)  
ABSA LYTTELTON**

**CHEQUE ACCOUNT NUMBER 4053 47 6327  
BRANCH NO 33 50 45**

Please fax a copy of this document and proof of payment to (012) 664 6276