SOCIETY OF RADIOGRAPHERS OF SOUTH AFRICA

APPLICATION FOR MEMBERSHIP
(**Please print using BLOCK letters)**

SURNAME : …… MR/MRS/MISS

IDENTITY NUMBER : …… MAIDEN NAME : ……

FIRST NAMES ……..

HPCSA no.: DR……SDR……

RESIDENTIAL ADDRESS : ……..

…….. POSTAL CODE : ……

POSTAL ADDRESS : ……

…….. POSTAL CODE : ……

CONTACT NUMBERS : …….. (HOME) ……..(BUSINESS)

…….. (CELL PHONE) ……..(FAX)

EMAIL ADDRESS ……

I hereby make application for membership of the above society.

SIGNATURE OF APPLICANT : …… DATE : ……

PLEASE TICK APPROPRIATE BLOCK FOR CURRENT **EMPLOYMENT CATEGORY**

☐ DIAGNOSTIC ☐ RADIOTHERAPY ☐ ULTRASOUND

☐ NUCLEAR MEDICINE ☐ SUPPLEMENTARY DIAG. ☐ STUDENT

PLEASE TICK APPROPRIATE BLOCK FOR DISCIPLINES **REGISTERED** WITH HPCSA

☐ DIAGNOSTIC ☐ RADIOTHERAPY ☐ ULTRASOUND

☐ NUCLEAR MEDICINE ☐ SUPPLEMENTARY DIAG. ☐ STUDENT

It is very important to fill in all the above information requested on this form

FOR OFFICE USE ONLY

CATEGORY OF MEMBERSHIP (TICK APP BLOCK) ☐ ORDINARY ☐ ASSOCIATE ☐ INSTITUTIONAL ☐ HONORARY ☐ SUPPLEMENTARY DIAG. ☐ STUDENT Subscription fee : …….. APPLICATION APPROVED : …… (Signature) CHAIRPERSON DATE OF ACCEPTANCE :……..……. DATE OF CONFIRMATION : …….	NEW APPLICATION YES NO TRANSFER FROM : …… LAPSED MEMBER : YES NO MEMBERSHIP NUMBER : …… DATE ISSUED : …… RECEIPT NUMBER : …….. TREASURER : …… DATA CAPTURED : ……