



Society of Radiographers of South Africa

Bloemfontein Branch: www.radiography.ws

2012 Membership fee: R300, Relapsed: R330 CLOSING DATE 31 March 2012

**FORM FOR APPLICATION FOR MEMBERSHIP AND / OR
FORM TO ACCOMPANY YOUR RENEWAL OF MEMBERSHIP FEES IF YOU DID NOT RECEIVE A RENEWAL
FORM FOR THIS YEAR OR IF YOU ARE NOT ON THE DATABASE OR IF YOU WANT TO UPDATE YOUR DATA**
(Please print using BLOCK letters)

SURNAME : MR/MRS/MISS/MS/DR/PROF/ASSOC PROF

FIRST NAMES

IDENTITY NUMBER : MAIDEN NAME :

HPCSA no.: DR.....SDR.....

RESIDENTIAL ADDRESS :

..... POSTAL CODE :

POSTAL ADDRESS :

..... POSTAL CODE :

PLACE OF WORK etc: Hospital / Practice & TOWN:

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

(CELL) : ;(FAX):.....

EMAIL ADDRESS:

I hereby make application for membership of the above society.

SIGNATURE OF APPLICANT : DATE :

PLEASE TICK APPROPRIATE BLOCK FOR <u>CURRENT</u> EMPLOYMENT CATEGORY					
<input type="checkbox"/> DIAGNOSTIC	<input type="checkbox"/> RADIOTHERAPY	<input type="checkbox"/> ULTRASOUND	<input type="checkbox"/> EDUCATION	<input type="checkbox"/> MAMMOGRAPHY	
<input type="checkbox"/> NUCLEAR MEDICINE	<input type="checkbox"/> SUPPLEMENTARY DIAG.	<input type="checkbox"/> STUDENT	<input type="checkbox"/> OWN PRIVATE PRACTICE		

PLEASE TICK APPROPRIATE BLOCK FOR <u>DISCIPLINES REGISTERED</u> WITH HPCSA					
<input type="checkbox"/> DIAGNOSTIC	<input type="checkbox"/> RADIOTHERAPY	<input type="checkbox"/> ULTRASOUND	<input type="checkbox"/> MAMMOGRAPHY		
<input type="checkbox"/> NUCLEAR MEDICINE	<input type="checkbox"/> SUPPLEMENTARY DIAG.	<input type="checkbox"/> STUDENT			

Additional qualifications in radiography eg. B Tech		
Qualification	Institution	Year obtained
.....
.....
Other qualifications NOT in Radiography eg. Science degree, Arts degree, HR diploma		
.....
.....

FOR OFFICE USE ONLY

<p>CATEGORY OF MEMBERSHIP (TICK APP BLOCK)</p> <p><input type="checkbox"/> ORDINARY <input type="checkbox"/> ASSOCIATE</p> <p><input type="checkbox"/> INSTITUTIONAL <input type="checkbox"/> HONORARY</p> <p><input type="checkbox"/> SUPPLEMENTARY DIAG. <input type="checkbox"/> STUDENT</p> <p>Subscription fee :</p> <p>APPLICATION APPROVED : (Signature) CHAIRPERSON</p> <p>DATE OF ACCEPTANCE :</p> <p>DATE OF CONFIRMATION :</p>	<p>NEW APPLICATION YES NO</p> <p>TRANSFER FROM :</p> <p>LAPSED MEMBER : YES NO</p> <p>MEMBERSHIP NUMBER :</p> <p>DATE ISSUED :</p> <p>RECEIPT NUMBER :</p> <p>TREASURER :</p> <p>DATA CAPTURED :</p>	<p>Bank Details:</p> <p>Standard Bank Brandwag Branch Code:055534 00 Acc. Nr. 140329358 Use Surname & initial as reference</p> <p><u>C la Grange</u> Email: cindy@pbr-bloem.co.za Fax: 0514039626</p> <p><u>A Grundling</u> antoinette.grundling2004@tiscali.co.za Fax: 0866496711</p>
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