



Emergency Medicine Society of South Africa

Incorporating the Emergency Nurses Society of South Africa

MEMBERSHIP FORM 2010

(Please print clearly and choose)

Membership for EMSSA

Membership for ENSSA

MEMBERSHIP STATUS (New/Renewal): _____ TITLE (Prof/Dr/Sr/Mr/Ms): _____

SURNAME: _____ FIRST NAME _____

PROFESSIONAL PRACTICE: Doctor/Nurse/Paramedic/Other (Specify): _____

DEGREE/ QUALIFICATIONS: _____

HPCSA/SANC REGISTRATION No: _____ ID No: _____

POSTAL ADDRESS: _____

POSTAL CODE: _____

TEL No: (W) (_____) _____ FAX No: (_____) _____

TEL No: (H) (_____) _____ FAX No: (_____) _____

CELL No: _____ E-MAIL: _____

Annual Membership: R200

Banking Details:

Account Name: EMSSA
Branch Code: 006-305
Reference: (Your Surname)

Standard Bank: Northcliff Branch
Account No: 200-491-350

Enquiries:

| | |
|-------|----------------|
| EMSSA | Chairman: |
| | Vice-Chairman: |
| | Secretary: |
| ENSSA | Chairman: |
| | Vice-Chairman: |
| | Secretary: |

Please complete and fax, together with proof of payment, to M Toubkin at 0866 823 917