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 Northcliff, 2115  
 PO Box 2127  
 Cresta, 2118

Tel: 011 340 9000  
 Fax: 011 782 0270

## MEMBERSHIP APPLICATION

The SAPPF has been established in response to the extraordinary times we are living through and the enormous competing challenges facing the medical profession. The ethos of the SAPPF is to focus on meeting the challenges faced by private specialists, to create the best possible environment for them in which to serve their patients. This is a brand new venture and we are all pioneers. Together we will make a difference.

I, the undersigned hereby apply to take up membership in SAPPF (the Company). I acknowledge that the Articles of Association of the Company are available for my inspection.

SIGNED at \_\_\_\_\_ this \_\_\_\_\_ day of \_\_\_\_\_ 2011.

**NOTE:**

*Membership information, to be completed by the applicant (or each partner in the event of a group practice). The information below is necessary in order to prepare a complete members database. Please complete in full. Retain a copy for your records. The majority of communications is by e-mail and sms notifications.*

TITLE			
SURNAME			
FIRST NAMES			
POSTAL ADDRESS			Code:
PRACTICE / PHYSICAL ADDRESS			
PROVINCE			Code:
IDENTITY NUMBER	PRACTICE NUMBER (BHF),(PCNS)	HPCSA REGISTRATION NUMBER	
VAT REGISTRATION NUMBER		EMAIL ADDRESS	
PRACTICE TELEPHONE NO.	PRACTICE FAX NO.	CELLULAR NO.	
MEMBERSHIP TYPE	Fulltime Private Practice <input type="checkbox"/> Limited Private Practice <input type="checkbox"/> Public Service & Very Limited Private Practice <input type="checkbox"/>		
DISCIPLINE (e.g. Cardiologist)			
SUB-SPECIALTY (e.g. Paediatric Cardiology)			

**Please Fax Back to 011 782 0270**

**Banking Details:**

Account Name: South African Private Practitioners Forum  
 Bank: ABSA Northcliff  
 Account Number: 40-7290-8323

**2011 Annual Membership Fee – R1710 (Incl. VAT)**