



Registration Form for New Members

➤ **Personal details of applicant**

Title		
First Names		
Surname		
Postal address		
Town		
Code		
Tel (daytime landline)	Code	
Fax	Code	
E- mail		
Mobile		
HPCSA number		
I am connected to the following hospital/s		

➤ **I am applying for** (mark one)

- FULL membership – R 1 000 per annum (Cardiologists, Surgeons, Paediatricians, Physicians)
 ASSOCIATE membership – R 150 per annum (General practitioners, Allied professionals, Researchers)

Proposed by (name and signature): 1) _____ 2) _____
 (The constitution stipulates that new members be proposed by two paid up full members of SA Heart)

➤ **I am also applying for** membership of the following REGIONAL BRANCH (voluntary branch affiliation)

- Cape Town – nil Johannesburg – R 80 full members/ R50 Associate members Pretoria – R 60
 Tygerberg – nil Bloemfontein – R50 Durban - nil none

➤ **I want to become a member of the following Special Interest Group(s) of SA Heart (SIG)**(please mark according to interest, if any)

- CASSA - R 50 (Arrhythmia) SASCAR - R 50 (Research) PCSSA - R 100 (Paediatric)
 CISSA - nil (Imaging) Surgical Interest Group - nil LASSA - R 110 (Lipid & Atherosclerosis)
 SASCI - R 410 full members/ R 130 associate/ISCAP members (Interventional) HeFSSA - R 80 (Heart failure)

➤ **I want to sign up for the SA Heart eLibrary (for full members only)**

- eLibrary per annum - R 1500

○ **My specialty/qualification is**

- Cardiologist Physician Cardiac Surgeon Paediatrician Nursing staff
 General Practitioner Technologist Radiographer Research Industry
 _____ (Other, specify)

Please note the following:

- The above amounts are VAT exclusive and **14% VAT will be added** to all membership fees.
 ○ In order to belong to a regional branch or SIG, you have to belong to the SA Heart Association.

Signature

Date