

SA Heart and HeFSSA Members Registration Form

Please Fax to HeFSSA Office 086-675-0805 (will be forwarded to SA Heart Office for processing)
 Note SA Heart will issue a consolidated invoice for membership fees once a year

➤ **Personal details of applicant**

Title		
First Names		
Surname		
Physical Address		
Postal Address		
Town		
Code		
Tel	Code	
Fax	Code	
e- mail		
Cell phone		

➤ **I am applying for SA Heart (or I am a ...)**

- FULL membership @ R 399.00 p.a.
 ASSOCIATE membership @ R 68.40 p.a.

➤ and membership of the following REGIONAL BRANCH

- Cape Town
 Durban
 Johannesburg
 Pretoria
 Tygerberg
 Bloemfontein

➤ **Proposed by:** 1) 2)

(The constitution stipulates that new members be proposed by two paid up full members of SAHeart. New member application will be submitted to HeFSSA Exco for approval)

I am a member of the following Special Interest Group(s) of SA Heart

- FULL membership **HeFSSA** @ R 50.00 p.a.
 ASSOCIATE membership **HeFSSA** @ R 50.00 p.a.

- SASCI
 CASSA
 SANCG
 Paediatric Cardiac Society
 Society of Cardiothoracic Surgeons
 LASSA

➤ **My specialty is**

- Cardiologist
 Physician
 Technologist
 Nursing staff
 Cardiac Surgeon
 Pediatrician
 _____ (Other, specify)

➤ **My special interest is:** (e.g. valve disease, coronary intervention or other)

_____ (specify)

Signature

Date