



# SOUTH AFRICAN SOCIETY FOR PARENTERAL AND ENTERAL NUTRITION

SASPEN Secretariat, c/o Division of Human Nutrition, PO Box 19063, TYGERBERG, 7505

Fax: (021) 932 9919 E-mail: SASPEN@sun.ac.za Web Site: WWW.SASPEN.COM

## MEMBERSHIP APPLICATION / RENEWAL FORM

Membership renewal for **2011** is now due.

Please complete and return to reach the saspens secretariat no later than 31 March 2011.

Type of membership requested: New membership application  Renewal of membership

TITLE: \_\_\_\_\_ NAME: \_\_\_\_\_

SURNAME: \_\_\_\_\_ MAIDEN NAME (if applicable): \_\_\_\_\_

QUALIFICATIONS: \_\_\_\_\_

HPCSA REGISTRATION NUMBER: MP / DT \_\_\_\_\_

POSTAL ADDRESS: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

CODE: \_\_\_\_\_

TELEPHONE NO: Office Hours: ( \_\_\_\_\_ ) \_\_\_\_\_ After Hours: ( \_\_\_\_\_ ) \_\_\_\_\_

Cell Phone: \_\_\_\_\_ FAX NO: ( \_\_\_\_\_ ) \_\_\_\_\_ E-MAIL: \_\_\_\_\_

### PROFESSION:

MEDICAL <input type="checkbox"/>	NURSING <input type="checkbox"/>	DIETETICS <input type="checkbox"/>
PHARMACY <input type="checkbox"/>	INDUSTRY <input type="checkbox"/>	OTHER <input type="checkbox"/>

### MEMBERSHIP OF OTHER SOCIETIES:

ADSA <input type="checkbox"/>	NSSA <input type="checkbox"/>	OTHER (Please specify) _____
_____		

## Membership fees for 2011

DESCRIPTION – different categories of membership	FEE	AMOUNT ENCLOSED <sup>†</sup>
FULL MEMBER (including the SAJCN)	R150.00	
STUDENT MEMBER (including the SAJCN)	Free	
INTERNATIONAL MEMBER - AFRICAN MEMBER - EUROPEAN/AMERICAN MEMBER	\$25.00	
TOTAL AMOUNT ENCLOSED		R

<sup>†</sup> Payment by cheque or electronically ONLY.

Please pay into the following account

Account name	SASPEN
Bank	NEDBANK
Branch Name	Tygervalley
Branch Code	103910
Account number	1039 030858

Fax a copy of your bank deposit slip or transfer slip to (021) 932 9919. Use your name and surname as bank reference.

Please inform the secretariat immediately if your address or any other particulars change.

FORWARD TO ABOVE ADDRESS