

**CORPORATE MEMBERSHIP APPLICATION FORM**  
**South African Association for Clinical**  
**Biochemistry**



*Suid-Afrikaanse Vereniging vir Kliniese Biochemie*

COMPANY: .....

REPRESENTATIVES:

NAME :	CELLPHONE NO.	TEL NO	Email

ADDRESS : .....

PREFERRED POSTAL ADDRESS (If different from above) : .....

SIGNATURE : ..... DATE : .....

**Corporate fee: R2000 annual subscription**

**Cheques:** Cheques should be made payable to the SAACB and mailed to the Treasurer of the association (see below). **In addition, please send a copy of the form to the Secretary: SAACB Secretary, Division of Chemical Pathology, Private Bag X3, Observatory, Cape, 7935**

**Electronic transfer:** Transfer should be made in favour of SAACB.  
 ABSA Bank Notice Deposit account no: 922 572 3864

**Postal order:** In favour of the SAACB

*Please note: To avoid errors, all payments should bear the name and address of the applicant, and a photocopy of the bank transfer statement or deposit slip should accompany your application form.*

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