

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

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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