

South African Association for Clinical Biochemistry



Suid-Afrikaanse Vereniging vir Kliniese Biochemie

TITLE : Prof / Dr / Mr / Mrs / Miss / Ms

NAME IN FULL :

QUALIFICATIONS :

DEGREE	UNIVERSITY	YEAR

PRESENT APPOINTMENT :

WORK ADDRESS :

PREFERRED POSTAL ADDRESS (If different from above) :

TELEPHONE NO. : FAX NO. :

EMAIL ADDRESS :

SPECIAL INTERESTS / SKILLS :

SIGNATURE : DATE :

PROPOSERS

We, the undersigned members of the Association, have personal knowledge of the candidate and wish to support his/her application for membership of the Association.

NAME : NAME :

SIGNATURE : SIGNATURE :

Subscription fees: (students & registrars): **R 180** (consisting of a R 30 joining fee and R 150 annual subscription),

Technologists: R100

Pathologists & working professionals: **R 280** (consisting of a R 30 joining fee and R 250 annual subscription).

Cheques: Cheques should be made payable to the SAACB and mailed to the Treasurer of the association. 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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