

SAACB MEMBERSHIP APPLICATION FORM

Enquiries: saacb1@gmail.com

Website: <http://www.saclinpath.co.za/>



The South African Association for Clinical Biochemistry

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

SURNAME:.....FIRST NAME(S).....

QUALIFICATIONS:

Degree	University	Year

CURRENT APPOINTMENT:.....

WORK ADDRESS:.....

.....

.....

PREFERRED POSTAL ADDRESS (if different from above).....

.....

.....

TELEPHONE NUMBER.....FAX.....

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.

President: Prof. R.T. Erasmus; **Secretary:** Prof. T.S. Pillay; **Treasurer:** Dr A.Zemlin.

Enquiries: saacb1@gmail.com Website: <http://www.saclinpath.co.za>

MAILING ADDRESS: SAACB Treasurer, Dept of Chemical Pathology, Tygerberg Hospital, University of Stellenbosch, Tygerberg, South Africa, 7505