



HOW TO BECOME A MEMBER

Thank you for your interest to join The South African Spine Society.

Before you apply, click to review the **Membership Categories** to determine the membership level that you need to apply for and read through the **Membership Terms & Conditions**.

Proposer & Seconder

All Applicants need to be proposed and seconded by two (2) SASS members who are familiar with the professional standing of the prospective member. Please contact the members beforehand and request that they support your application.

HOW TO APPLY ONLINE

The application consists of two parts. **The first part** needs to be completed and submitted. You will then receive an email to complete the **second part** of your application. There will be a link back to the first part of your application where you will be able to select your **Proposer & Seconder** and complete the rest of your application.

Part One of Application

Before you apply for SASS Membership:

1. All Applicants need to be proposed and seconded by two (2) SASS members who are familiar with the professional standing of the prospective member. Please contact the members beforehand and request that they support your application. Visit the SASS website to '**Find a SASS Member**' in your area www.saspine.org
2. Click to familiarize yourself with the **Requirements for SASS Membership**
3. Click if you are using your **Cell or Desktop** when you are applying online
4. Select your **Country of Residence**
5. Select **Membership Categories**. Click to review the Membership Categories to determine the membership level that you need to apply for
6. Click (+) and complete all **Personal Info** before submitting.

7. Complete all personal information before submitting. Incomplete applications cannot be processed.

NB provide **Personal Cell & Email**

8. Tick that you have read **Terms of Use**

9. **Submit** your application

10. You will then receive an email to confirm that you have completed Part I of your application with instructions and a link to complete the rest of your application.

Please contact us if you have not received this email. For support email info@virtuallyclear.co.za or phone 083 607 4920

Personal Information

You needed to have completed the following Fields

1. Your personal contact Information
2. Name of your spouse / partner or not applicable (nap)
3. Home Address
4. Professional Info - Profession; Abbreviated Qualifications
5. Business Information - Address, contact details

Curriculum Vitae

You will be required to complete the following fields:

1. Secondary Schooling
2. Undergraduate medical training
3. Work

NB You need to complete work at least 3 Hospitals / Work Institutions together with your post description and the period you have worked there

3.1 First Work / Hospital 1

3.2 Second Work / Hospital 2

3.3 Third Work / Hospital 3



4. Post Graduate Training
5. Registrations
6. Specialty Registrations

Passport Photo

NB. Save your Info before uploading a recent photo of yourself or it can be sent separately to membership@saspine.org where we will upload it on your behalf.

[Submit Your Application]

You will then receive an email to complete the **Second Part** of your application. There will be a link back to the first part of your application where you will be able to select your **Proposer & Seconder** to complete your application.

Part Two of Application

Proposer and Seconder

1. Please contact two (2) SASS members that know you and inform them that you will be applying for membership as your **Proposer and Seconder**
2. See dropdown under **Proposer and Seconder** for their details
3. Submit your final application

We will then contact you to verify that your application was captured correctly and submit it to the Executive Committee (EXCO) for approval and final ratification by SASS members at the annual AGM

APPLICATION PROCESS

1. Once we receive your completed application form, it will be processed and sent to the SASS Membership Secretary to be reviewed at an EXCO meeting.
2. Once approved by EXCO, it will be submitted to the SASS Members at the AGM to be held at the Annual Spine Congress for a final review and approval
3. You will be notified if your application was approved

SUPPORT

If you have any questions please contact us at membership@saspine.org or Elza Cromarty at 083 407 2810. Please visit the SASS website for more information www.saspine.org

ONLINE APPLICATION

