



APPLICATION FOR SASS MEMBERSHIP

\* Title \_\_\_\_\_ Name \_\_\_\_\_ Surname \_\_\_\_\_

Personal Cell \_\_\_\_\_

Personal E-mail \_\_\_\_\_

Name of Spouse \_\_\_\_\_

Initials \_\_\_\_\_

\* Profession (work speciality) \_\_\_\_\_

Home Address \_\_\_\_\_

Home Telephone Code \_\_\_\_\_ Number \_\_\_\_\_

Full First Names \_\_\_\_\_

\* Abbreviated Qualifications \_\_\_\_\_

\* Business Physical Address \_\_\_\_\_

Business Postal Address \_\_\_\_\_

Code \_\_\_\_\_

\* Business Telephone Code \_\_\_\_\_ Number \_\_\_\_\_

\* Business Cell \_\_\_\_\_

Business E-mail / Fax \_\_\_\_\_

\* Business Website \_\_\_\_\_

Attach passport photo or attach separately in jpeg format & e-mail to membership@saspine.org

I wish to apply for

Full Membership

Emeritus Membership

Associate Membership

Affiliate Membership

Extraordinary Membership

Signature \_\_\_\_\_  
Date \_\_\_\_\_

Proposer (Sign & Print Name) \_\_\_\_\_

Seconder (Sign & Print Name) \_\_\_\_\_



## **CURRICULUM VITAE OF APPLICANT**

### **Personal Details**

Surname

Title

Full First Names

ID Number

Country of Birth

Date of Birth

### **Secondary Schooling**

Name of School

Country

Year Completed

### **Undergraduate Medical Training**

University/Medical School

Years in Trainings

Degree Awarded

Year Completed

### **Post Graduate Experience**

1. Hospital

Post Held

Dates

2. Hospital

Post Held

Dates

3. Hospital

Post Held

Dates

### **Post Graduate Training**

University/Medical School

Years in Training

Degree/Diploma Awarded

Year Awarded

Country



**Registrations**

Country \_\_\_\_\_  
Date \_\_\_\_\_  
Registration Number \_\_\_\_\_

**Speciality Registration**

Work Speciality \_\_\_\_\_  
Country \_\_\_\_\_  
Date \_\_\_\_\_  
Registration Number \_\_\_\_\_

Please complete all details. Incomplete applications cannot be processed. Enclose certified copies of any relevant documents, information and attach recent passport photograph. Return the original application form to the following address:

Scan all docs in Pdf format & E-mail to [membership@saspine.org](mailto:membership@saspine.org)

**For office use only**

*Application Received* \_\_\_\_\_  
*Application Acknowledged* \_\_\_\_\_  
*Date Elected* \_\_\_\_\_  
*Date Notified* \_\_\_\_\_  
*Computerised* \_\_\_\_\_  
*New Membership Number* \_\_\_\_\_  
*Correspondence Returned* \_\_\_\_\_  
*Reason* \_\_\_\_\_

**NB**

All members info marked with an \* asterisk will appear on the [Find a Doctor] pages of the SASS website [www.saspine.org](http://www.saspine.org). Please update directly online at the Members Only section or contact us at [membership@saspine.org](mailto:membership@saspine.org)