



SATS

South African Theatre Nurse
operating and trading as South African Theatre Sister

APPLICATION MEMBERSHIP: 2011/01/01 - 2011/12/31
EEE PER ANNUM – R200\ OVERSEAS MEMBERS R280.00 P.A.

SATS Membership No. **New member :** Yes No

Recruited by **(SATS No.)**..... **Region**.....

N.B.: Honorary & Free members – no payments to be done – only updating of data

ADDRESS: De Wetstraat 5, Soneike, Kuilsrivier, Tel 021 903 4843, Fax 086 273 9078
E-mail: s.a.t.s@mweb.co.za

Complete in full using capital letters and mail by: 31 January 2011

Surname **Initials**..... **Mr\ Mrs\ Miss\ Other**
(Capital letters – please)

Postal address:

..... **Code**.....

Tel.(W) **(H)** **Fax\e-mail**

In which province do you work and attend meetings (Mark with X)

Western Cape		Free State	
Gauteng		Northern Cape	
Eastern Cape		Northern Province\Pret.	
Mpumalanga		Kwa-Zulu Natal	
North West		Other	

Work Place:

Hospital.....**Department**.....

Designation:.....**Other:**

Professional Qualifications:

Diploma in Operating Theatre Nursing Science:

Yes	No	Student
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P\order		Cheque		Cash		Bank deposit	
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SIGNATURE:**DATE:**.....

!!!! MOST IMPORTANT

BANK DETAILS: SATS, ABSA Bank 404 095 2627 BRANCH CODE: 632 005 (INSERT NAME AND MEMBERSHIP NO.in the reference block please)

FAX\POST DEPOSIT SLIP TO ABOVE ADDRESS OR FAX: 086 273 9078 –
PLEASE NOTE THAT DEPOSIT SLIP MUST INDICATE YOUR NAME AND M\SHIP NUMBER CLEARLY