



# APPLICATION FORM FOR APPSA MEMBERSHIP

FOR THE PERIOD 01/03/2020 UNTIL 28/02/2021

Annual membership fee for South African members: **R300-00**

Annual membership fee for overseas members: **R350-00**

APPSA Membership Number: ..... New member:  Yes  No

Recruited by: ..... APPSA Membership Number: ..... Region .....

**PLEASE NOTE:** Honorary & free members: No payments to be made, but information needs updating. Please complete the form **IN LEGIBLE CAPITAL LETTERS** and email or fax - together with proof of payment (deposit slip **CLEARLY** stating your name and membership number) - to congress@internext.co.za. • Fax: 086 275 2869 • Tel: 051 436 8145.

**Website: <http://www.theatrenurse.co.za>**

### MEMBER DETAILS:

Surname: ..... First Name: ..... Mr/Mrs/Miss/Other .....

Postal address: .....

..... Code .....

Telephone: (Cell) ..... (W) ..... Email: .....

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

- |  |   |
|--|---|
| <input type="checkbox"/> Gauteng/North West          | <input type="checkbox"/> Western Cape             |
| <input type="checkbox"/> Pretoria/Limpopo/Mpumalanga | <input type="checkbox"/> Eastern Cape             |
| <input type="checkbox"/> Kwa-Zulu Natal              | <input type="checkbox"/> Free State/Northern Cape |

### EMPLOYMENT DETAILS:

Hospital: ..... Department: .....

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

Professional qualifications: .....

Are you in possession of a Diploma in Operating Theatre Nursing Science:

- Yes       No       Student

Payment information:

- Cheque       Cash       Bank deposit/direct deposit

Signature: ..... Date: .....

### APPSA BANKING DETAILS:

Bank: ABSA - N1 City - Goodwood  
 Account name: SA Theatre Nurse  
 Account type: Cheque account  
 Account number: 4040952627  
 IBT (branch code): 632005

**(Please insert your name and membership number CLEARLY on the deposit slip)**