



## SOUTH AFRICAN SOCIETY FOR ENTERAL AND PARENTERAL NUTRITION

SASPEN Secretariat, P O Box 868, FERNDALE 2160  
E-Mail: [info@saspen.com](mailto:info@saspen.com) Website: [www.saspen.com](http://www.saspen.com)

### 2019 SASPEN MEMBERSHIP APPLICATION/ RENEWAL FORM

Membership renewal for 2019 is now due.

Applications should preferably be done through the registration facility on the SASPEN website  
Or send a scanned copy of this form to [info@saspen.com](mailto:info@saspen.com) no later than 31 March 2019

<b>Professional Registration Number:</b>	<b>First Name:</b>	<b>Surname:</b>	<b>Title:</b>
<b>Postal Address:</b>			
<b>City:</b>	<b>Postal Code:</b>	<b>Country:</b>	<b>Contact Number (Cell):</b>
<b>Email address:</b>			
<b>PROFESSION:</b>	<input type="checkbox"/> MEDICAL DOCTOR  <input type="checkbox"/> PHARMACY	<input type="checkbox"/> NURSING  <input type="checkbox"/> INDUSTRY	<input type="checkbox"/> DIETETICS  <input type="checkbox"/> OTHER (please specify): <hr style="width: 100%;"/>
<b>Qualifications:</b>			
<b>Membership of other nutrition-related associations/societies</b>	<input type="checkbox"/> ADSA	<input type="checkbox"/> NSSA	<input type="checkbox"/> OTHER
<b>MEMBERSHIP Category:</b>	<input type="checkbox"/> South African	<input type="checkbox"/> South African Student	<input type="checkbox"/> SADC <input type="checkbox"/> International
<b>PAYMENT Method:</b>	<input type="checkbox"/> Direct Deposit	<input type="checkbox"/> Credit Card <input type="checkbox"/> None	<input type="checkbox"/> Electronic Transfer

## Membership fees for 2019

DESCRIPTION (MEMBERSHIP CATEGORY)	FEE		TICK ONE
<b>FULL SOUTH AFRICAN MEMBER:</b> (Including SAJCN)	<b>R 400.00</b>		
<b>SADC COUNTRY MEMBER:</b>	<b>R 400.00</b>		
<b>INTERNATIONAL MEMBER:</b>	<b>US\$ 80</b>		
<b>SOUTH AFRICAN STUDENT MEMBER:</b> (Including SAJCN)	<b>FREE</b>	Send copy of Student Card to <i>SASPEN Secretariat</i> at <a href="mailto:info@saspen.com">info@saspen.com</a>	
<b>SENIOR MEMBER (&gt; 60 YEARS):</b> (Including SAJCN)	<b>R 300.00</b>	Send copy of I.D document to <i>SASPEN Secretariat</i> at <a href="mailto:info@saspen.com">info@saspen.com</a>	
<b>BLOCK MEMBERSHIP (5 MEMBERS):</b> (Including SAJCN)	<b>R 350.00</b>	5 x applications/renewals submitted together	
<b>BLOCK MEMBERSHIP (10 MEMBERS):</b> (Including SAJCN)	<b>R 300.00</b>	10 x applications/renewals submitted together	

PM Ward Round (WESTERN CAPE ONLY)	FEE		TICK ONE
<b>SASPEN MEMBER:</b>	<b>R 200.00</b>		
<b>NON-MEMBER:</b>	<b>R 500.00</b>		

### BANKING DETAILS for DIRECT DEPOSIT or ELECTRONIC TRANSFER ONLY:

Account Name: <b>South African Society for Parenteral &amp; Enteral Nutrition</b>		Account Number: <b>933 897 2051</b>
Bank: <b>ABSA BANK</b>	Branch Name: <b>RANDBURG</b>	Branch Code: <b>632 005</b>

Send proof of payment to the *SASPEN Secretariat* at [info@saspen.com](mailto:info@saspen.com).

Use your **HPCSA number as bank reference (or initial and surname for international members)**

**PLEASE NOTE:** Your membership/renewal will only be approved once proof of payment has been received.