



SOUTH AFRICAN SOCIETY FOR PARENTERAL AND ENTERAL NUTRITION

SASPEN Secretariat, c/o Division of Human Nutrition, PO Box 19063, TYGERBERG, 7505

Fax: 086 245 5183 E-mail: saspen@sun.ac.za Web Site: www.saspen.com

MEMBERSHIP APPLICATION / RENEWAL FORM

Membership renewal for **2012** is now due.

Please complete and return (via e-mail, fax or post) to reach the SASPEN Secretariat no later than 31 March 2012.
(For online applications/renewals, go to www.saspen.com)

Type of membership requested: New membership application Renewal of membership

Title: _____ Name: _____

Surname: _____ Maiden Name (if applicable): _____

Qualifications: _____

HPCSA Registration Number (SA citizens): MP / DT _____

Postal Address: _____

Code: _____

Telephone No: Office Hours: (_____) _____ After Hours: (_____) _____

Cellphone: _____ Fax: (_____) _____ E-mail (compulsory): _____

Important: Please inform the SASPEN Secretariat immediately (at saspen@sun.ac.za) if your address or any other particulars change.

PROFESSION:

MEDICAL <input type="checkbox"/>	NURSING <input type="checkbox"/>	DIETETICS <input type="checkbox"/>
PHARMACY <input type="checkbox"/>	INDUSTRY <input type="checkbox"/>	OTHER <input type="checkbox"/>

MEMBERSHIP OF OTHER SOCIETIES:

ADSA <input type="checkbox"/>	NSSA <input type="checkbox"/>	OTHER (Please specify) _____

Membership fees for 2012

DESCRIPTION – different categories of membership	FEE	Tick the appropriate box [†]
FULL (SOUTH AFRICAN) MEMBER (including the SAJCN)	R150.00	<input type="checkbox"/>
STUDENT (SOUTH AFRICAN) MEMBER (Full time)* (including the SAJCN)	Free	<input type="checkbox"/>
<small>* The SASPEN secretariat will ask you for proof of student registration after membership application</small>		
INTERNATIONAL MEMBER	USD25.00	<input type="checkbox"/>

[†] Payment by direct deposit or electronic transfer only.

Please pay into the following account

Account name	SASPEN
Bank	NEDBANK
Branch Name	Tyger Valley
Branch Code	103910
Account number	1039030858

Send a scanned copy of your bank deposit slip or proof of electronic transfer to saspen@sun.ac.za OR fax a copy to: 086 245 5183. Use your name and surname as bank reference. *Please note that membership will only be activated once proof of payment is received (as applicable).*