



## SOUTH AFRICAN SOCIETY FOR ENTERAL AND PARENTERAL NUTRITION

SASPEN Secretariat, c/o Division of Human Nutrition, PO Box 19053, TYGERBERG 7505

E-Mail: [info@saspen.com](mailto:info@saspen.com) Website: [www.saspen.com](http://www.saspen.com)

### 2017 SASPEN MEMBERSHIP APPLICATION/ RENEWAL FORM

Membership renewal for 2017 is now due.

Applications should preferably be done through the registration facility on the SASPEN website

Or send a scanned copy to [info@saspen.com](mailto:info@saspen.com) no later than 30 April 2017

<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 <input type="checkbox"/> PHARMACY	<input type="checkbox"/> NURSING <input type="checkbox"/> INDUSTRY	<input type="checkbox"/> DIETETICS <input type="checkbox"/> OTHER
<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"/> Electronic Transfer	<input type="checkbox"/> Credit Card	<input type="checkbox"/> None

#### Membership fees for 2017

DESCRIPTION (Membership category)	FEE	Tick appropriate box
<b>FULL SOUTH AFRICAN MEMBER:</b> (Including SAJCN)	<b>R350.00</b>	
<b>SOUTH AFRICAN STUDENT MEMBER:</b> (Including SAJCN)	<b>FREE</b>	Send copy of Student Card to SASPEN Secretariat at <a href="mailto:info@saspen.com">info@saspen.com</a>
<b>SADC COUNTRY MEMBER:</b>	<b>R 350.00</b>	
<b>INTERNATIONAL MEMBER:</b>	<b>US\$ 70.00</b> (approximately R 1000.00)	

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

Account Name: <b>SASPEN</b>	Account Number: <b>1039030858</b>	
Bank: <b>NEDBANK</b>	Branch Name: <b>TYGER VALLEY</b>	Branch Code: <b>103910</b>

Send proof of payment to the SASPEN Secretariat at [info@saspen.com](mailto:info@saspen.com). Use your **name** and **surname** as bank reference.

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