



SOUTH AFRICAN SOCIETY FOR ENTERAL AND PARENTERAL NUTRITION

SASPEN Secretariat, P O Box 868, FERNDALE 2160
 E-Mail: saspenservices@vdw.co.za Website: www.saspen.com

2020 SASPEN MEMBERSHIP APPLICATION

Applications should preferably be done through the registration facility on the SASPEN website or send a completed copy of this form to saspenservices@vdw.co.za

PERSONAL DETAILS:

HPCSA / Nursing Council No:		Title:	
First Name:			
Surname:			
Contact Number (Cell):		Contact Number (Work):	
E-mail address:			
Postal Address:			
Postal Code:		Country:	
Residential Address:			
Postal Code:		Province:	

PLEASE SELECT:

Profession			
<input type="checkbox"/> Dietetics	<input type="checkbox"/> Medical Doctor	<input type="checkbox"/> Nursing	<input type="checkbox"/> Pharmacy
<input type="checkbox"/> Industry	<input type="checkbox"/> Other (Please Specify):		
Qualifications:			

Membership of other nutrition-related associations/societies			
<input type="checkbox"/> ADSA	<input type="checkbox"/> NSSA	<input type="checkbox"/> Other (Please Specify):	

MEMBERSHIP INFORMATION:

MEMBERSHIP CATEGORY:	MEMBERSHIP FEE:
<input type="checkbox"/> Full South African Member: (Incl. SAJCN)	R 450.00
<input type="checkbox"/> SADC Country Member:	R 450.00
<input type="checkbox"/> International Member:	US\$ 80.00
<input type="checkbox"/> South African Student Member: (Incl. SAJCN) <i>(Send copy of Student Card to SASPEN Secretariat at saspenservices@vdw.co.za)</i>	Free
<input type="checkbox"/> Senior Member (> 60 Years): (Incl. SAJCN) <i>(Send copy of I.D. Document to SASPEN Secretariat at saspenservices@vdw.co.za)</i>	R 350.00
<input type="checkbox"/> Block Membership (5 Members): (Incl. SAJCN) <i>(5 x applications / renewals submitted together)</i>	R 400.00 <i>each</i>
<input type="checkbox"/> Block Membership (10 Members): (Incl. SAJCN) <i>(10 x applications / renewals submitted together)</i>	R 350.00 <i>each</i>
<input type="checkbox"/> PM Ward Round - SASPEN Member	R 200.00
<input type="checkbox"/> PM Ward Round - Non-SASPEN Member	R 500.00
<input type="checkbox"/> SANNPN - SASPEN Member <i>(South African Neonatal and Paediatric Network)</i>	R 150.00
<input type="checkbox"/> SANNPN - Non-SASPEN Member <i>(South African Neonatal and Paediatric Network)</i>	R 300.00

BLOCK MEMBERSHIP INFORMATION:

Block / Company Name:	
Contact Person:	
Contact Phone No.:	
Contact e-mail Address:	

BANKING DETAILS: (Direct Deposit or Electronic Transfer Only)

Account Name:	South African Society for Parenteral & Enteral Nutrition
Bank:	ABSA BANK
Account No.:	933 897 2051
Branch Name / Code:	RANDBURG / 632 005
Beneficiary Reference:	Please use your HPCSA Number or Initial and Surname for international members
Send Application Form & Proof of Payment to:	saspenservices@vdw.co.za

PLEASE NOTE: Your membership/renewal will only be approved once your application form & proof of payment has been received.