



APPLICATION FORM FOR APPSA MEMBERSHIP

FOR THE PERIOD 01/03/2024 UNTIL 28/02/2025

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. • Tel: 083 229 0456.

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

MEMBER DETAILS:

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

Postal address:

..... Code

Telephone: (Cell) 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: City/Town:

Professional qualifications:

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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)