

# HPBASA

## HEPATO-PANCREATICO-BILIARY ASSOCIATION OF SOUTH AFRICA



### HPBASA MEMBERSHIP APPLICATION FORM 2019

TITLE	
SURNAME	
FIRST NAMES	
PRACTICE ADDRESS	
POSTAL ADDRESS	
ID NUMBER	
DATE OF BIRTH	
HCPSA NO.	
SAMA NO.	
TELEPHONE (WORK)	(    )
FAX	(    )
TELEPHONE (HOME)	(    )
EMAIL	
CELL PHONE	

#### MEMBERSHIP OF OTHER GROUPS:

	<i>Please tick</i>
SURGEON	<input type="checkbox"/>
PRIVATE PRACTICE	<input type="checkbox"/>
FULLTIME HOSPITAL PRACTICE	<input type="checkbox"/>
REGISTRAR	<input type="checkbox"/>
SPECIAL INTERESTS IN SURGERY	<input type="checkbox"/>

	<i>Please tick</i>
ASSA	<input type="checkbox"/>
SACRS	<input type="checkbox"/>
SAGES	<input type="checkbox"/>
SASES	<input type="checkbox"/>
SASSIT	<input type="checkbox"/>
SRS	<input type="checkbox"/>
Trauma Society	<input type="checkbox"/>
VASSA	<input type="checkbox"/>

#### ANNUAL SUBSCRIPTION 2019

FULL MEMBER:	R450.00
REGISTRAR:	R300.00
TRAINEE:	R200.00

**Banking Details:-**

Nedbank, Cape Town  
Personal Trust Nominees – CAPITAL  
Branch Code 100909  
Account Number 1009308599  
**Reference FoSAS +Drs Name Surname and/or Invoice #**

SIGNED: \_\_\_\_\_

PLEASE EMAIL THE APPLICATION TO: [assa@worldonline.co.za](mailto:assa@worldonline.co.za)  
TOGETHER WITH YOUR PAYMENT NOTIFICATION