

HPBASA

HEPATO-PANCREATICO-BILIARY ASSOCIATION OF SOUTH AFRICA



HPBASA MEMBERSHIP APPLICATION FORM 2020

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 2020

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
TOGETHER WITH YOUR PAYMENT NOTIFICATION