# ASSALOGO

**MEMBERSHIP NUMBER**

ANATOMICAL SOCIETY OF SOUTHERN AFRICA

To be allocated

# MEMBERSHIP FORM

Please indicate purpose of submission by ticking the appropriate box below:

**NEW MEMBER** Please complete all Sections

**CURRENT MEMBER** Please complete **only** Sections A, B and C

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| SECTION A |

### I wish to apply / continue membership for the following category of membership for the Society:

**Ordinary Member:**

**R130** Annual Subscription.

**Ordinary Member:**

**R300** Reduced-rate 3 year Subscription.

**Ordinary Member (Retired):**

Ordinary members that are **retired** are not liable to pay any subscription fee. The onus rests on the member to re–apply for student membership on an annual basis

**Corresponding Members:**

**Nil** Annual Subscription: Not resident in one of the countries of Southern Africa and are not liable to pay any subscription fee. The onus rests on the corresponding member to re–apply for membership on an annual basis. **A motivation from the applicant on why he/she would like to join ASSA as well as a short CV must accompany the application.**

**Student Members:**

**R50** Annual Subscription: Any **full time student** at a **recognised educational institution** in Southern Africa. The onus rests on the student to re–apply for student membership on an annual basis.

1. **Life Members**:
2. Ordinary Members may become Life Members after maintaining a minimum of 6 years consecutive Ordinary membership followed by paying a Life membership fee equal to the **Ordinary Member fee times fifteen**.

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| **SECTION B** |

I enclose the sum of R , being my subscription for the current year / for the next year(s).

SIGNATURE: DATE:

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| **SECTION C** |

To assist us on updating contact information of all new and current members, please complete the information below:

|  |  |
| --- | --- |
| TITLE |  |
| INITIALS |  |
| FIRST NAME |  |
| SURNAME |  |
| OCCUPATION/PROFESSION |  |
| INSTITUTION/ AFFILIATION |  |
| POSTAL ADDRESS |  |
| EMAIL ADDRESS |  |
| CONTACT NUMBER |  |
| FIELD OF INTEREST |  |

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| **SECTION D** |

# The Constitution of the Society requires that applicants for new membership be proposed by an existing member:

SIGNATURE OF APPLICANT: NAME OF PROPOSER: SIGNATURE OF PROPOSER:

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| **RELEVANT INFORMATION** |

**Membership form AND Proof of payment**

to be emailed to:

Graham Louw [graham.louw@uct.ac.za](mailto:graham.louw@uct.ac.za) (Honorary Treasurer)

**AND**

Albert van Schoor [albert.vanschoor@up.ac.za](mailto:albert.vanschoor@up.ac.za) (Honorary Secretary)

**\*\* ASSA BANKING DETAILS:**

BANK: Standard Bank

ACCOUNT NUMBER: 404345565

BRANCH: Mowbray Branch

BRANCH CODE: 02490906

REFERENCE: Surname and initials

\*\* Prices listed in Section A only include **EFT payments**. A Cash Deposit Bank Charge of R11.00 should be added to all **Cash Deposits.**