



**APPLICATION FOR SASS MEMBERSHIP**

<b>* Title</b>		<b>Initials</b>		<b>Surname</b>	
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This section is for record purposes only & will be treated as private & confidential

<b>Full First Names</b>						
<b>Name</b>						
<b>Personal Cell (Members Login)</b>						
<b>Personal E-mail (Members Login)</b>						
<b>Name of Spouse</b>						
<b>Home Address</b>						
					<b>Code</b>	
<b>Home Telephone</b>	<b>Code</b>					

\* This section will appear on [Find a Doctor] of the SASS website for public search purposes \*

<b>Profession *</b> (work speciality)						
<b>Abbreviated Qualifications *</b>						
<b>Business Physical Address *</b>						
					<b>Code</b>	
<b>Business Postal *</b>						
					<b>Code</b>	
<b>Business Telephone *</b>	<b>Code</b>					
<b>Business Cell *</b>						
<b>E-mail / Fax *</b>						
<b>Business Website *</b>						



## CURRICULUM VITAE OF APPLICANT

This section is for record purposes only & will be treated as private & confidential

### Personal Details

Surname	
Title	
Full First Names	
ID Number	
Date of Birth	
Country of Birth	

### Secondary Schooling

Name of School	
Country	
Year Completed	

### Undergraduate Medical Training

University/Medical School	
Years in Trainings	
Degree Awarded	
Year Completed	

### Work / Post Graduate Experience

<b>Hospital 1</b>	
Post Held	
Dates	
<b>Hospital 2</b>	
Post Held	
Dates	
<b>Hospital 3</b>	
Post Held	
Dates	

### Post Graduate Training

University/Medical School	
Years in Training	
Degree/Diploma Awarded	
Year Awarded	
Country	



Registrations

Country		Date	
Registration Number			

Speciality Registration

Work Speciality			
Country		Date	
Registration Number			

I wish to apply for

Full Membership

Emeritus Membership

Associate Membership

Affiliate Membership

Extraordinary Membership

Signature

Date

Proposer (Sign & Print Name)

SASS Membership Number

Seconder (Sign & Print Name)

SASS Membership Number

Please complete all details. Incomplete applications cannot be processed.

Enclose certified copies of any relevant documents, information and attach recent photograph of yourself.

Scan all docs in Pdf format & E-mail to membership@saspine.org

For office use only

Application Received

Application Acknowledged

Date Elected

Date Notified

Computerised

Application / Membership Number

Correspondence Returned

Reason

NB

All members info marked with an \* asterisk will appear on the [Find a Doctor] pages of the SASS website www.saspine.org. Please update directly online at the Members Only section or contact us at membership@saspine.org



# THE SOUTH AFRICAN SPINE SOCIETY

[www.saspine.org](http://www.saspine.org)

(Section 21: 2003/010352/08)

[membership@saspine.org](mailto:membership@saspine.org)

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Email a recent photo of yourself in Jpeg format  
separately to [membership@saspine.org](mailto:membership@saspine.org)