



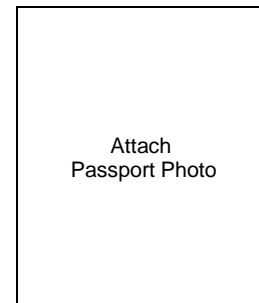
# THE SOUTH AFRICAN SPINE SOCIETY DIE SUID-AFRIKAANSE SPINALE VERENIGING

PO Box 656, Constantia, South Africa 7848 Tel +27 (0)21-404 5387 Fax +27 (0)21 404 5389

Website: [www.saspine.org](http://www.saspine.org) E-mail: [membership@saspine.org](mailto:membership@saspine.org)  
(Section 21 : 2003/010352/08)

## APPLICATION FOR MEMBERSHIP

Surname \_\_\_\_\_  
Title \_\_\_\_\_  
Full First Names \_\_\_\_\_  
Your Usual Name \_\_\_\_\_  
Name of Spouse \_\_\_\_\_



**Business Address** \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Telephone Code \_\_\_\_\_ Number \_\_\_\_\_

Fax Code \_\_\_\_\_ Number \_\_\_\_\_

Cell \_\_\_\_\_

E-mail \_\_\_\_\_

Website \_\_\_\_\_

**Home Address** \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Telephone Code \_\_\_\_\_ Number \_\_\_\_\_

Cell \_\_\_\_\_

E-mail \_\_\_\_\_

**Postal Address** \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Code \_\_\_\_\_

- I wish to apply for
- |                          |                          |
|--------------------------|--------------------------|
| Full Membership          | <input type="checkbox"/> |
| Emeritus Membership      | <input type="checkbox"/> |
| Associate Membership     | <input type="checkbox"/> |
| Affiliate Membership     | <input type="checkbox"/> |
| Extraordinary Membership | <input type="checkbox"/> |

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

Proposer (Sign & Print Name) \_\_\_\_\_

Seconder (Sign & Print Name) \_\_\_\_\_



# THE SOUTH AFRICAN SPINE SOCIETY DIE SUID-AFRIKAANSE SPINALE VERENIGING

PO Box 656, Constantia, South Africa 7848 Tel +27 (0)21-404 5387 Fax +27 (0)21 404 5389

Website: [www.saspine.org](http://www.saspine.org) E-mail: [membership@saspine.org](mailto:membership@saspine.org)  
(Section 21 : 2003/010352/08)

---

## CURRICULUM VITAE OF APPLICANT

### Personal Details

Surname

Title

Full First Names

ID Number

Country of Birth

Date of Birth

### Secondary Schooling

Name of School

Country

Year Completed

### Undergraduate Medical Training

University/Medical School

Years in Trainings

Degree Awarded

Year Completed

### Post Graduate Experience

1. Hospital

Post Held

Dates

2. Hospital

Post Held

Dates

3. Hospital

Post Held

Dates

### Post Graduate Training

University/Medical School

Years in Training

Degree/Diploma Awarded

Year Awarded

Country



# THE SOUTH AFRICAN SPINE SOCIETY DIE SUID-AFRIKAANSE SPINALE VERENIGING

PO Box 656, Constantia, South Africa 7848 Tel +27 (0)21-404 5387 Fax +27 (0)21 404 5389

Website: [www.saspine.org](http://www.saspine.org) E-mail: [membership@saspine.org](mailto:membership@saspine.org)  
(Section 21 : 2003/010352/08)

## Registrations

Country

Date

Registration Number

## Speciality Registration

Country

Date

Registration Number

Please complete all details. Incomplete applications cannot be processed. Enclose certified copies of any relevant documents, information and attach recent passport photograph. Return the original application form to the following address:

The Secretary – Spine Society  
PO Box 656  
Constantia  
7848

Telephone: +27 (0)21-404 5387  
Fax: +27 (0)21 404 5389

Please inform the secretary of any changes of address or telephone numbers. The membership data can only be kept up to date if all changes are sent to the Secretariat.

## For office use only

*Application Received*

*Application Acknowledged*

*Date Elected*

*Date Notified*

*Membership Booklet Posted*

*Membership Certificate Posted*

*Computerised*

*Correspondence Returned*

*Reason*