



Vir die gesondheid en welvaart van die mense

For the health and wellbeing of the people

**MEMBERSHIP APPLICATION FORM / LIDMAATSKAP AANSOEKVORM**

<b>A GENERAL INFORMATION / ALGEMENE INLIGTING</b>					
<b>PSSA NUMBER: AVSA NOMMER:</b>	<b>FOR OFFICE USE / VIR KANTOOR GEBRUIK</b>		<b>SAPC NUMBER: SAAR NOMMER:</b>	<b>COMPULSARY / VERPLIGTEND</b>	
ID-NUMBER/ID-NOMMER:			SEX/GESLAG:	MALE MANLIK	FEMALE VROULIK
SURNAME/VAN:			MAIDEN NAME/NOOIENSVAN:		
FIRST NAMES/VOORNAME:			TITLE/TITEL:		
DATE OF BIRTH: GEBORTEDATUM:			PSSA NUMBER OF SPOUSE: AVSA NOMMER VAN EGGENOOT:		
<b>RACE/RAS:</b>	<input type="checkbox"/> <b>AFRICAN / AFRIKAAN</b> <input type="checkbox"/> <b>COLOURED / KLEURLING</b> <input type="checkbox"/> <b>INDIAN / INDIËR</b> <input type="checkbox"/> <b>WHITE / BLANK</b>				
LANGUAGE FOR CORRESPONDENCE: TAAL VOORKEUR:	AFRIKAANS AFRIKAANS		ENGLISH ENGELS	<b>NAME OF EMPLOYER: NAAM VAN WERKGEWER:</b>	
POSTAL ADDRESS: POSADRES:			<b>REG NUMBER OF PHARMACY: REG. NOMMER VAN APTEEK:</b>		
			<b>OWNER: EIENAAR:</b>		
			<b>RESPONSIBLE PHARMACIST: VERANTWOORDELIKE APTEKER:</b>		
	CODE: KODE:				
PROVINCE/PROVINSIE:					
HOME TEL No/HUIS TEL No:			FAX No/FAKS No:		
BUSINESS TEL No: BESIGHEID TEL No:			CELL PHONE No: SELFOON No:		
*BRANCH/TAK			E-MAIL/E-POS:		

\*PLEASE NOTE THAT IT IS POSSIBLE TO WORK IN THE GEOGRAPHIC AREA OF ONE BRANCH AND LIVE IN THE GEOGRAPHIC AREA OF ANOTHER BRANCH. IN A CASE LIKE THIS, YOU WOULD BE FREE TO CHOOSE MEMBERSHIP OF EITHER BRANCH.

\* LET ASSEBLIEF DAAROP DAT DIT MOONTLIK IS OM IN DIE GEOGRAFIESE GEBIED VAN EEN TAK TE WERK, MAAR U WOON IN DIE GEOGRAFIESE GEBIED VAN 'N ANDER TAK. IN SULKE GEVALLE KAN U KIES AAN WATTER TAK U WIL BEHOORT.

PLEASE SELECT A PRIMARY SECTOR FOR YOUR MEMBERSHIP. THIS MAY BE EITHER THE SECTOR IN WHICH YOU WORK OR IT MAY BE A SECTOR IN WHICH YOU HAVE A PARTICULAR INTEREST.

KIES ASB. 'N PRIMÊRE SEKTOR VIR U LIDMAATSKAP. DIT KAN DIE SEKTOR WEES WAARIN U WERK OF 'N SEKTOR WAARIN U 'N BESONDERE BELANGSTELLING HET.

<b>B PRIMARY SECTOR SELECTED / PRIMÊRE SEKTOR KEUSE</b>			
COMMUNITY PHARMACY GEMEENSKAPSAAPTEEKWESE		HOSPITAL OR INSTITUTIONAL PHARMACY HOSPITAAL- OF- INRIGTINGSAPTEEKWESE	
INDUSTRIAL PHARMACY INDUSTRIËLE APTEEKWESE		PHARMACEUTICAL SCIENCES OR ACADEMIA FARMASEUTIESE WETENSKAPPE OF AKADEMIE	

IF YOU ARE INTERESTED IN MORE THAN ONE SECTOR, PLEASE SELECT AN ADDITIONAL SECTOR FOR AFFILIATION. PLEASE NOTE THAT AN ADDITIONAL AFFILIATION FEE WILL BE CHARGED.

INDIEN U BELANGSTEL IN MEER AS EEN SEKTOR KAN U 'N ADDISIONELE SEKTOR KIES. LET EGTER DAAROP DAT 'N ADDISIONELE AFFILIASIE FOOI GEHEF GAAN WORD.

<b>C AFFILIATION REQUIRED / AFFILIASIE BENODIG (R50.00 PER ANNUM / PER JAAR)</b>			
COMMUNITY PHARMACY GEMEENSKAPSAAPTEEKWESE		HOSPITAL OR INSTITUTIONAL PHARMACY HOSPITAAL- OF- INRIGTINGSAPTEEKWESE	
INDUSTRIAL PHARMACY INDUSTRIËLE APTEEKWESE		PHARMACEUTICAL SCIENCES OR ACADEMIA FARMASEUTIESE WETENSKAPPE OF AKADEMIE	

I HEREBY MAKE APPLICATION FOR MEMBERSHIP OF THE SOCIETY AND IN SO DOING UNDERTAKE, UPON ADMISSION, TO ABIDE BY THE CONSTITUTION, CODES OF PRACTICE AND ETHICS, RULES AND REGULATIONS OF THE SOCIETY, AND OF ANY BRANCH OR SECTOR OF THE SOCIETY IN WHICH MY MEMBERSHIP MAY FROM TIME TO TIME BE LOCATED – AS CURRENTLY IN FORCE AND AS MAY FROM TIME TO TIME BE AMENDED.

EK DOEN HIERMEE AANSOEK OM LIDMAATSKAP VAN DIE VERENIGING EN INDIEN AANVAAR, ONDERNEEM EK OM DIE GRONDWET, ETIESE KODES EN REËLS EN REGULASIES VAN DIE VERENIGING EN VAN ENIGE TAK OF SEKTOR VAN DIE VERENIGING WAARIN MY LIDMAATSKAP HUIDIGLIK STAAN OF VAN TYD TOT TYD GEWYSING MAG WORD.

**PLEASE ENCLOSE A PASSPORT SIZE PHOTOGRAPH FOR YOUR MEMBERSHIP CARD OR E-MAIL IT TO: [membership@pharmail.co.za](mailto:membership@pharmail.co.za)  
HEG ASB. 'N PASPOORTGROOTTE FOTO AAN VIR U LIDMAATSKAPKAART OF STUUR DIT PER E-POS AAN: [membership@pharmail.co.za](mailto:membership@pharmail.co.za)**

**PLEASE TICK THE APPROPRIATE CATEGORY**

<b>D MEMBERSHIP FEES / LIDMAATSKAP FOOIE – VAT INCLUSIVE</b>		
<b>MEMBERSHIP / LIDMAATSKAP</b>	<b>1/10/2010 to 30/09/2011</b>	<b>MONTHLY DEBIT ORDER</b>
FIRST TIME MEMBER / NUWE LIDMAATSKAP *	R638.50	R57.21
RETIRED OR OVER 60 YEARS / AFGETREE OF OUER AS 60 JAAR	R638.50	R57.21
EXEMPTED OR OLDER THAN 70 YEARS / VRYGESTEL OF OUER AS 70 JAAR	-	-
COMMUNITY SERVICE PHARMACIST / GEMEENSKAPSDIENS APTEKER	R638.50	R57.21
INTERN	R638.50	R57.21
<b>ASSOCIATE MEMBERSHIP</b>		
PHARMACY STUDENT / APTEKERSSTUDENT	-	-
PHARMACIST'S ASSISTANT / APTEKERSASSISTENT	R638.50	R57.21
INTERNATIONAL / INTERNASIONAAL	R1277.00	R110.42
<b>ADDITIONAL FEES</b>		
SECTORAL FEE – CPS	R150.00	R12.50
SECTOR AFFILIATION ORDINARY	R50.00	R4.17

\* **APPLYING DURING THE YEAR – MEMBERSHIP FEES WILL BE CALCULATED PRO RATA**

<b>E METHOD OF PAYMENT / METODE VAN BETALING</b>	
<b>DEBIT ORDER / DEBIETORDER</b>	
I, _____ HEREBY AUTHORISE THE PSSA TO DEBIT MY BANKING ACCOUNT WITH THE APPLICABLE FEES AS HEREIN INDICATED BY WAY OF MONTHLY OR ANNUAL PAYMENT(S).	
HIERMEE GEE EK, _____ DIE AVSA TOESTEMMING OM MY BANKREKENING TE DEBITEER MET MY LIDMAATSKAPFOOIE BY WYSE VAN MAANDELIKSE OF JAARLIKSE PAAIEMENT(E).	
ACCOUNT TYPE: SAVINGS <input type="checkbox"/> TRANSMISSION <input type="checkbox"/> CHEQUE <input type="checkbox"/> MONTHLY <input type="checkbox"/> ANNUALLY <input type="checkbox"/>	TIPE REKENING: SPAAR <input type="checkbox"/> TRANSMISSIE <input type="checkbox"/> TJEK <input type="checkbox"/> MAANDELIKS <input type="checkbox"/> JAARLIKS <input type="checkbox"/>
TITLE: _____ INITIALS: _____ SURNAME: _____ MEMBER NUMBER: _____	TITEL: _____ VOORLETTERS: _____ VAN: _____ LIDNOMMER: _____
BANK NAME/NAAM VAN BANK: _____	BRANCH/TAK: _____
BRANCH CODE/TAKKODE: _____	
ACCOUNT NUMBER: _____	
REKENING NOMMER: _____	
<b>CREDIT CARD PAYMENTS / KREDIETKAART BETALINGS</b>	
VISA CARD/VISA KAART <input type="checkbox"/>	MASTER CARD/MASTER KAART <input type="checkbox"/>
CARD NUMBER: _____	KAARTNOMMER: _____
EXPIRY DATE/VERVAL DATUM: _____	CVV NUMBER/CVV NOMMER: _____ (LAST 3 DIGITS ON BACK OF CARD/LAASTE 3 SYFERS AGTER OP KAART)
<b>PSSA BANKING DETAILS / AVSA BANK BESONDERHEDE</b>	
BANK: _____	STANDARD BANK _____ BRANCH/TAK: _____ ARCADIA _____
BRANCH NO/TAK No: _____	010845 _____ ACCOUNT No/REKENING No: _____ 013045148 _____
PLEASE FAX YOUR DEPOSIT SLIP DIRECTLY TO THE ADMINISTRATION DEPARTMENT AT (012) 301-0828/0836 FAKS ASSEBLIEF DIREK AAN DIE ADMINISTRATIEWE AFDELING BY (012) 301-0828/0836	

SIGNATURE / HANDTEKENING

DATE / DATUM