Unit 16 Northcliff Office Park, 203 Beyers Naude Drive
Northcliff, 2115
PO Box 2127, Cresta, 2118
Tel: 011 340 9000
Fax: 011 782 0270

NEUROSURGEON MEMBERSHIP APPLICATION

I, the undersigned hereby apply to take up membership in the Society of Neurosurgeons of South Africa (SNSA). Private Practitioners will receive HealthMan and SAPPF (South African Private Practitioners Forum) membership as part of their SNSA membership.

SIGNED at_____ this _____day of _____20___.

Signature: _____

NOTE:
Membership information, to be completed by the applicant (or each partner in the event of a group practice). The information below is necessary in order to prepare a complete members database. Please complete in full. Retain a copy for your records. The majority of communications is by e-mail and sms notifications.

TITLE		
SURNAME		
FIRST NAMES		
POSTAL ADDRESS		Code:
PRACTICE / PHYSICAL ADDRESS		
PROVINCE		Code:

IDENTITY NUMBER	PRACTICE NUMBER (BHF),(PCNS)	HPCSA REGISTRATION NUMBER

VAT REGISTRATION NUMBER	EMAIL ADDRESS

PRACTICE TELEPHONE NO.	PRACTICE FAX NO.	CELLULAR NO.

MEMBERSHIP TYPE	Fulltime Private Practice ☐	Public ☐
	Limited Private Practice ☐	Registrar (free) ☐
SUB-SPECIALTY *(if applicable)*		

Please Fax Back to 011 782 0270

Banking Details:
Account Name: Health Management & Networking Services (Pty) Ltd
Bank: ABSA Northcliff
Account Number: 4046 954 803
Membership Fee – R 4 452 (Incl. VAT) p.a. / R 371 (Incl. VAT) p.m

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ACB AUTHORITY
(Neurosurgeons)

I hereby request that you make withdrawals from my bank account on the date(s) specified below or at any other time stipulated in the event of the transfer not being made.

NAME OF ACCOUNT HOLDER	
PRACTICE NO.	
Banking Details	
ACCOUNT TYPE	Current ☐ Cheque ☐ Savings ☐
NAME OF BANK	
BRANCH	
ACCOUNT NO.	
BANK CLEARANCE CODE *(top right corner of cheque)*	
MONTHLY AMOUNT *(Incl. VAT)*	R371.00 per month ☐ R100.00 per month ☐
To be Charged from:	1st ☐ 15th ☐

Fee Structure:

1. Full Time Private Practice R371 (Incl. VAT) per month
2. Limited Private Practice R100 (Incl. VAT) per month
3. Public Service R100 (Incl. VAT) per month
4. Registrar (Free)

HealthMan will charge my account on the 1st (first) and on the same day of each month thereafter. It is hereby agreed that this authority will remain in force until cancelled in writing. Annual adjustments will be notified 60 days in advance.

SIGNED AT: _____ on _____ 20____.

SIGNATURE: _____

Please ensure you complete the application page AND the ACB authority page

Please Fax Back to 011 782 0270

Banking Details:
Account Name: Health Management & Networking Services (Pty) Ltd
Bank: ABSA Northcliff
Account Number: 40-4695-4803