



Society of Radiographers of South Africa

APPLICATION FOR MEMBERSHIP
(Please print using BLOCK letters and a black ink pen)

SURNAME:MR/ MRS/ MISS /MS /DR/ PROF/ ASSOC PROF

FIRST NAMES:

SOUTH AFRICAN CITIZEN ID NUMBER:																			
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NB: Non South Africans will be allocated a unique 13 digit number by SORSA

HPCSA No.: DR SDR

RESIDENTIAL ADDRESS:

..... POSTAL CODE:

POSTAL ADDRESS:

..... POSTAL CODE:

CONTACT NUMBERS: (HOME) (BUSINESS)

(CELL PHONE) (FAX)

EMAIL ADDRESS:

Please tick appropriate BRANCH:

- Bellville
- Bloemfontein
- Cape Town
- Johannesburg
- KZN
- Port Elizabeth
- Pretoria

Please tick appropriate block for current EMPLOYMENT CATEGORY

- DIAGNOSTIC
- RADIO THERAPY
- ULTRASOUND
- NUCLEAR MEDICINE
- SUPPLEMENTARY DIAG.
- STUDENT

Please tick appropriate block for disciplines REGISTERED WITH HPCSA

- DIAGNOSTIC
- RADIO THERAPY
- ULTRASOUND
- NUCLEAR MEDICINE
- SUPPLEMENTARY DIAG.
- STUDENT

IT IS VERY IMPORTANT TO FILL IN ALL THE ABOVE INFORMATION REQUESTED ON THIS FORM.

I Hereby apply for membership and agree to abide with the SORSA code of conduct. I am aware that I will only qualify for members' rates, if my joining date, including fee payment, is more than two months before early bird registration for national events (e.g. congress), and one month before branch events such as seminars.

SIGNATURE OF APPLICANT: DATE:

**Society of Radiographers of South Africa
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SWIFT number: NEDSZAJJ**

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