



WHASA

Wound Healing Association of Southern Africa
c/o P O Box 1575; Randpark Ridge; 2156; Tel:011-475-2902; Fax: 086 642 9027
info@whasa.org , www.whasa.org

APPLICATION FOR MEMBERSHIP 2016 (Jan - Dec)

Please type or print clearly and fax or email to above address.

Surname : _____

First Names : _____

Identity number: _____

Qualifications : _____

Occupation : _____

Organisation/Hospital: _____

Postal Address : _____

Code: _____

E-mail : (please print clearly) _____

Tel No (H) : () _____ Fax: () _____

Tel No (W) : () _____ Cell: () _____

My choice of communication: cellphone - sms ☐ email ☐

WHASA Membership No (if applicable) : _____

WHASA Region(select province by marking appropriate block)

Eastern Cape	Free State	Gauteng	Kwazulu-Natal	Mpumalanga	North West	Western Cape	Limpopo	Northern Cape
Other								

NURSING PRACTITIONERS ONLY: SANC Reg. No _____

MEDICAL PRACTITIONERS ONLY: HPCSA Reg. No _____

MEMBERSHIP:

Please register me for (select your option in the allocated blocks on left side of table):

	INDIVIDUAL MEMBERSHIP	1 Year
	FULL MEMBER (Please supply required SANC/HPCSA Registration number)	R375
	Student/Auxiliary Nurse/Caregiver (<i>Proof required</i>)	R185.50

I the undersigned hereby declare that I am eligible for membership of the Association and have included my subscription for one year. I am prepared to associate myself with the objectives of the Wound Healing Association of Southern Africa.

SIGNATURE

DATE

PAYMENT DETAILS:

Please deposit the amount relevant to your selection into the WHASA bank account **using your name as a payment reference**, and please fax the proof of payment with your application form to 086 642 9027.

WHASA Banking Details

Bank : Standard Bank
Branch : Brooklyn
Branch Code: 011245
Account No : 012966622

For other methods of payment, please call us at : 011-475-2902