Membership Renewal/Application

# SOUTH AFRICAN BURN SOCIETY

I,

Email address:

Telephone:

Cell phone:

Institution:

Want to **renew/apply for** membership of the **South African Burn Society**.

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| --- | --- | --- |
|  | **PLEASE TICK** |  |
| MEDICAL PRACTITIONER |  | R500 p.a. |
| ALLIED HEALTH CARE PRACTITIONER |  | R100 p.a. |
| OTHER (please specify) |  |  |

Signature of member/applicant Date

Payment can be made to

**SA BURN SOCIETY**

**Bank: FNB**

**Account Type: Business Cheque Account**

**Account Number: 62434454708**

Please e-mail proof of deposit and the membership form to

Email: **saburnsociety@gmail.com**

**Secretariat***:* C/O Department of Surgery, Faculty of Health Sciences, 7 York Road Parktown 2193, Johannesburg, South Africa. Postnet 199, Private Bag X2600, Houghton. 2041.

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