



---

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**.

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

---

Signature of member/applicant

---

Date



SOUTH AFRICAN  
**BURN SOCIETY**

---

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](mailto:saburnsociety@gmail.com)

---

**Email:** [saburnsociety@gmail.com](mailto:saburnsociety@gmail.com) | **Web:** <http://www.saburnsociety.co.za>