

SASON



South African Society for Ophthalmic Nurses

POSBUS/PO BOX 389 BELLVILLE 7535
Tel: (021) 948 8884 Fax/Faks: (021) 948 8910
E-Mail:sandra@cape-eye.co.za



MEMBERSHIP REGISTRATION FORM 2008

Please complete and return to above address!

PERSONAL DETAILS

Title:

Name & Surname:

.....

Postal Address:

.....

..... Code:

Province:

Tel no. Work:

Tel no: (Home):.....

Fax no::

(Cell):

EMPLOYMENT DETAILS

Company / Institution / Hospital:

.....

Postal Address:

.....

..... Code:

Department:

Position:

Rank & Qualifications:

.....

.....

SUBSCRIPTION FEES

Amount payable : R120.00 per annum

Method of payment : Cheque

Direct Payment

Cash

Membership no.

SANC. NO
.....

BANK DETAILS (In case of direct payment)

Account Name : SASON

Bank : Standard

Account no : 011513292

Branch Code : 01-06-45

Branch : Sunnyside

In case of direct payment, please fax deposit slip to (021) 948 8910.

REGISTRATION DETAILS (For Office Use Only)

Amount received: For year: Receipt no:

Received by: Date: