

**SOUTHERN AFRICAN SOCIETY OF THROMBOSIS AND HAEMOSTASIS (SASTH)
MEMBERSHIP APPLICATION/RENEWAL FORM**

SURNAME		TITLE
FIRST NAME		
POSTAL ADDRESS		
EMAIL ADDRESS		
WORK TELEPHONE NO (including area code)		Cell no:
Organisation		
Qualifications		
HPCSA number		

MEMBERSHIP CATEGORY : FULL MEMBER ASSOCIATE
EMERITUS HONORARY

SASTH MEMBER PROPOSER: (New Members only)

SASTH MEMBER SECONDER: (New Members only)

SIGNATURE:..... DATE.....

**FEES: The joining fee is R100 and the subsequent annual subscription fee is R100.
Please deposit your fee of R100 in the SASTH account below and fax us the deposit slip with this application form.**

Send completed form to: Dr Susan Louw
SASTH secretary
Fax: 011 4898513
Tel: 0826063487
E-mail: susanlouw@mweb.co.za

SASTH banking details:
Acc Name: S. A Society of Thrombosis and Haemostasis (SASTH)
Bank and branch: NEDBANK KILLARNEY
Branch Code: 191605
Account number: 1916108091
Reference: (Your surname)