



**SOCIETY OF RADIOGRAPHERS OF SOUTH AFRICA**  
 APPLICATION FOR MEMBERSHIP  
 (Please print using BLOCK letters)

FAMILY NAME: ..... TITLE .....

FIRST NAMES ..... MAIDEN NAME : .....

ID NUMBER:..... HPCSA no:.....

POSTAL ADDRESS : .....

..... POSTAL CODE : .....

QUALIFICATION: ..... DATE: .....

TRAINING INSTITUTION: .....

PLACE OF WORK: .....

CONTACT NUMBERS : HOME: ..... BUSINESS: .....

CELL PHONE: ..... FAX: .....

EMAIL ADDRESS .....

I, the undersigned, hereby make application for membership of the above Society.

SIGNATURE OF APPLICANT : ..... DATE : .....

PLEASE TICK APPROPRIATE BLOCK FOR CURRENT EMPLOYMENT CATEGORY

DIAGNOSTIC       RADIOTHERAPY       ULTRASOUND       OTHER

NUCLEAR MEDICINE       SUPPLEMENTARY DIAG.       STUDENT      \_\_\_\_\_

PLEASE TICK APPROPRIATE BLOCK FOR DISCIPLINES REGISTERED WITH HPCSA

DIAGNOSTIC       RADIOTHERAPY       ULTRASOUND

NUCLEAR MEDICINE       SUPPLEMENTARY DIAG.       STUDENT

**IT IS VERY IMPORTANT TO FILL IN ALL THE ABOVE INFORMATION REQUESTED ON THIS FORM**

CATEGORY OF MEMBERSHIP (TICK APP BLOCK) <input type="checkbox"/> ORDINARY <input type="checkbox"/> ASSOCIATE <input type="checkbox"/> INSTITUTIONAL <input type="checkbox"/> HONORARY <input type="checkbox"/> SUPPLEMENTARY DIAG. <input type="checkbox"/> STUDENT	<p align="center"><b>FOR OFFICE USE ONLY:</b></p> MEMBERSHIP NUMBER :    - - - - DATE ISSUED : ..... <p>RECEIPT NUMBER : .....</p> <p>A - Z List : .....      Cash Book: .....</p> <p>Cellphone List: .....      Admin Office; .....</p>
<p align="center"><b>FAX THIS COMPLETED FORM WITH PROOF OF PAYMENT TO:</b></p> <p align="center"><b>011-951-6043</b></p>	