

STANDARD MEMBERSHIP REGISTRATION

TOWN										COUNTRY													
SURNAME																							
FULL NAME																							
TITLE	Prof <input type="checkbox"/> Mr <input type="checkbox"/> Mrs <input type="checkbox"/> Miss <input type="checkbox"/> Ms <input type="checkbox"/>										INITIALS												
GENDER		Male <input type="checkbox"/> M					Female <input type="checkbox"/> F					DATE OF BIRTH				D	D	M	M	Y	Y	Y	Y
ID NUMBER																							
HOME TEL										WORK TEL													
CELL																							
E-MAIL																							
IF PRACTICING IN SA																							
HOSPITAL																							
FIELD		State <input type="checkbox"/>					Private <input type="checkbox"/>					Both <input type="checkbox"/>											
PROVINCE		Gauteng <input type="checkbox"/>			Freestate <input type="checkbox"/>			Northwest <input type="checkbox"/>			Mpumalanga <input type="checkbox"/>			Limpopo <input type="checkbox"/>									
		Western Cape <input type="checkbox"/>			Eastern Cape <input type="checkbox"/>			Northern Cape <input type="checkbox"/>			KZN <input type="checkbox"/>												
IF PRACTICING OUT OF SA																							
HOSPITAL																							
FIELD		State <input type="checkbox"/>					Private <input type="checkbox"/>					Both <input type="checkbox"/>											
COUNTRY																							
FOR ALL TO COMPLETE																							
DEPARTMENT		Plastics surgery <input type="checkbox"/>					Paediatric surgery <input type="checkbox"/>					General surgery <input type="checkbox"/>											
		Anaesthetics <input type="checkbox"/>					Emergency Department <input type="checkbox"/>					Intensive care <input type="checkbox"/>											
		Other _____																					
ORGANISATION																							
OCCUPATION																							
IF DOCTOR		Student <input type="checkbox"/>					Medical Officer <input type="checkbox"/>					Registrar <input type="checkbox"/>											
		Consultant <input type="checkbox"/>					Head of Unit <input type="checkbox"/>					Other <input type="checkbox"/>											
IF NURSE		What grade? _____																					
IF ALLIED		Student <input type="checkbox"/>					Comm Service <input type="checkbox"/>					Junior <input type="checkbox"/>											
		Senior <input type="checkbox"/>					Head of Department <input type="checkbox"/>					Other <input type="checkbox"/>											



SOUTH
AFRICAN
BURN
SOCIETY

STANDARD MEMBERSHIP REGISTRATION

**HOW DID YOU HEAR ABOUT
THE SA BURN SOCIETY?**

Website

Facebook

Word of Mouth

Poster Where? _____

Other *Please specify*

INITIALS & SURNAME

SIGNATURE