



Vir die gesondheid en welvaart van die mense

For the health and wellbeing of the people

MEMBERSHIP APPLICATION FORM / LIDMAATSKAP AANSOEKVORM

A GENERAL INFORMATION / ALGEMENE INLIGTING					
PSSA NUMBER: AVSA NOMMER:	FOR OFFICE USE / VIR KANTOOR GEBRUIK		SAPC REGISTRATION NR: SAAR REGISTRASIE NO:	COMPULSARY / VERPLIGTEND	
ID-NUMBER/ID-NOMMER:			SEX/GESLAG:	MALE MANLIK	FEMALE VROULIK
SURNAME/VAN:			MAIDEN NAME/NOOIENSVAN:		
FIRST NAMES/VOORNAME:			TITLE/TITEL:		
DATE OF BIRTH: GEBORTEDATUM:			PSSA NUMBER OF SPOUSE: AVSA NOMMER VAN EGGENOOT:		
RACE/RAS:	<input type="checkbox"/> AFRICAN / AFRIKAAN <input type="checkbox"/> COLOURED / KLEURLING <input type="checkbox"/> INDIAN / INDIËR <input type="checkbox"/> WHITE / BLANK				
LANGUAGE FOR CORRESPONDENCE: TAAL VOORKEUR:	AFRIKAANS AFRIKAANS		ENGLISH ENGELS	NAME OF EMPLOYER: NAAM VAN WERKGEWER:	
POSTAL ADDRESS: POSADRES:			REG NUMBER OF PHARMACY: REG. NOMMER VAN APTEEK:		
			OWNER: EIGENAAR:		
			RESPONSIBLE PHARMACIST: VERANTWOORDELIKE APTEEKER:		
	CODE: KODE:				
PROVINCE/PROVINSIE:					
HOME TEL No/HUIS TEL No:			FAX No/FAKS No:		
BUSINESS TEL No: BESIGHEID TEL No:			CELL PHONE No: SELFOON No:		
*BRANCH/TAK			E-MAIL/E-POS:		

*PLEASE NOTE THAT IT IS POSSIBLE TO WORK IN THE GEOGRAPHIC AREA OF ONE BRANCH AND LIVE IN THE GEOGRAPHIC AREA OF ANOTHER BRANCH. IN A CASE LIKE THIS, YOU WOULD BE FREE TO CHOOSE MEMBERSHIP OF EITHER BRANCH.

* LET ASSEBLIEF DAAROP DAT DIT MOONTLIK IS OM IN DIE GEOGRAFIESE GEBIED VAN EEN TAK TE WERK, MAAR U WOON IN DIE GEOGRAFIESE GEBIED VAN 'N ANDER TAK. IN SULKE GEVALLE KAN U KIES AAN WATTER TAK U WIL BEHOORT.

PLEASE SELECT A PRIMARY SECTOR FOR YOUR MEMBERSHIP. THIS MAY BE EITHER THE SECTOR IN WHICH YOU WORK OR IT MAY BE A SECTOR IN WHICH YOU HAVE A PARTICULAR INTEREST.

KIES ASB. 'N PRIMÊRE SEKTOR VIR U LIDMAATSKAP. DIT KAN DIE SEKTOR WEES WAARIN U WERK OF 'N SEKTOR WAARIN U 'N BESONDERE BELANGSTELLING HET.

B PRIMARY SECTOR SELECTED / PRIMÊRE SEKTOR KEUSE			
COMMUNITY PHARMACY GEMEENSKAPSAAPTEEKWESE		HOSPITAL OR INSTITUTIONAL PHARMACY HOSPITAAL- OF- INRIGTINGSAPTEEKWESE	
INDUSTRIAL PHARMACY INDUSTRIËLE APTEEKWESE		PHARMACEUTICAL SCIENCES OR ACADEMIA FARMASEUTIESE WETENSKAPPE OF AKADEMIE	

IF YOU ARE INTERESTED IN MORE THAN ONE SECTOR, PLEASE SELECT AN ADDITIONAL SECTOR FOR AFFILIATION. PLEASE NOTE THAT AN ADDITIONAL AFFILIATION FEE WILL BE CHARGED.

INDIEN U BELANGSTEL IN MEER AS EEN SEKTOR KAN U 'N ADDISIONELE SEKTOR KIES. LET EGTER DAAROP DAT 'N ADDISIONELE AFFILIASIE FOOI GEHEF GAAN WORD.

C AFFILIATION REQUIRED / AFFILIASIE BENODIG (R50.00 PER ANNUM / PER JAAR)			
COMMUNITY PHARMACY GEMEENSKAPSAAPTEEKWESE		HOSPITAL OR INSTITUTIONAL PHARMACY HOSPITAAL- OF- INRIGTINGSAPTEEKWESE	
INDUSTRIAL PHARMACY INDUSTRIËLE APTEEKWESE		PHARMACEUTICAL SCIENCES OR ACADEMIA FARMASEUTIESE WETENSKAPPE OF AKADEMIE	

I HEREBY MAKE APPLICATION FOR MEMBERSHIP OF THE SOCIETY AND IN SO DOING UNDERTAKE, UPON ADMISSION, TO ABIDE BY THE CONSTITUTION, CODES OF PRACTICE AND ETHICS, RULES AND REGULATIONS OF THE SOCIETY, AND OF ANY BRANCH OR SECTOR OF THE SOCIETY IN WHICH MY MEMBERSHIP MAY FROM TIME TO TIME BE LOCATED – AS CURRENTLY IN FORCE AND AS MAY FROM TIME TO TIME BE AMENDED.

EK DOEN HIERMEE AANSOEK OM LIDMAATSKAP VAN DIE VERENIGING EN INDIEN AANVAAR, ONDERNEEM EK OM DIE GRONDWET, ETIESE KODES EN REËLS EN REGULASIES VAN DIE VERENIGING EN VAN ENIGE TAK OF SEKTOR VAN DIE VERENIGING WAARIN MY LIDMAATSKAP HUIDIGLIK STAAN OF VAN TYD TOT TYD GEWYSING MAG WORD.

**PLEASE ENCLOSE A PASSPORT SIZE PHOTOGRAPH FOR YOUR MEMBERSHIP CARD OR E-MAIL IT TO: sinah@pharmail.co.za
HEG ASB. 'N PASPOORTGROOTTE FOTO AAN VIR U LIDMAATSKAPKAART OF STUUR DIT PER E-POS AAN: sinah@pharmail.co.za**

P O Box 26039, Arcadia, 0007 – Pharmacy House, 6 de Veer Lane, Arcadia – Tel: +27 (012) 301-0820

Fax: (012) 301-0828 (Admin), +27 (012) 301-0836 (Professional), Website: www.pssa.org.za, E-mail: membership@pharmail.co.za

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PLEASE TICK THE APPROPRIATE CATEGORY

D MEMBERSHIP FEES / LIDMAATSKAP FOOIE – VAT INCLUSIVE		
MEMBERSHIP / LIDMAATSKAP	01/10/2011 TO 30/09/2012	MONTHLY DEBIT ORDER
ORDINARY PHARMACISTS / GEWONE APTEKERS	R 1,354.00	R 116.83
FIRST TIME MEMBER / NUWE LIDMAATSKAP *	R677.00	R60.42
RETIRED (OVER 65 YEARS) / AFGETREE (OUER AS 65 JAAR)	R677.00	R60.42
EXEMPTED OR OLDER THAN 70 YEARS / VRYGESTEL OF OUER AS 70 JAAR	-	-
COMMUNITY SERVICE PHARMACIST / GEMEENSKAPSDIENS APTEKER INTERN	R677.00	R60.42
NON-PRACTICING PHARMACIST / NIE-PRAKTISERENDE APTEKER	R 1,015.50	R88.63
ASSOCIATE MEMBERSHIP		
STUDENTS / STUDENTE	-	-
ACADEMIC INTERNS / AKADEMIESE INTERNS	-	-
PHARMACIST ASSISTANTS / APTEKERSASSISTENTE	R677.00	R60.42
NON-PHARMACISTS / NIE-APTEKERS	R677.00	R60.42
INTERNATIONAL / INTERNASIONAAL	R 1,354.00	R 116.83
ADDITIONAL FEES		
SECTORAL FEE – CPS	R600.00	R50.00
SECTOR AFFILIATION ORDINARY	R50.00	R4.17

* **APPLYING DURING THE YEAR – MEMBERSHIP FEES WILL BE CALCULATED PRO RATA**

E METHOD OF PAYMENT / METODE VAN BETALING

DEBIT ORDER / DEBIETORDER

I, _____ HEREBY AUTHORISE THE PSSA TO DEBIT MY BANKING ACCOUNT WITH THE APPLICABLE FEES AS HEREIN INDICATED BY WAY OF MONTHLY OR ANNUAL PAYMENT(S).

HIERMEE GEE EK, _____ DIE AVSA TOESTEMMING OM MY BANKREKENING TE DEBITEER MET MY LIDMAATSKAPFOOIE BY WYSE VAN MAANDELIKSE OF JAARLIKSE PAAIEMENT(E).

ACCOUNT TYPE: SAVINGS TRANSMISSION CHEQUE MONTHLY ANNUALLY
 TIFE REKENING: SPAAR TRANSMISSIE TJEK MAANDELIKS JAARLIKS

TITLE: _____ INITIALS: _____ SURNAME: _____ MEMBER NUMBER: _____
 TITEL: _____ VOORLETTERS: _____ VAN: _____ LIDNOMMER: _____

BANK NAME/NAAM VAN BANK:	BRANCH/TAK:
BRANCH CODE/TAKKODE:	
ACCOUNT NUMBER: REKENING NOMMER:	

CREDIT CARD PAYMENTS / KREDIETKAART BETALINGS

VISA CARD/VISA KAART <input type="checkbox"/>	MASTER CARD/MASTER KAART <input type="checkbox"/>
CARD NUMBER: KAARTNOMMER:	
EXPIRY DATE/VERVAL DATUM:	CVV NUMBER/CVV NOMMER: (LAST 3 DIGITS ON BACK OF CARD/LAASTE 3 SYFERS AGTER OP KAART)

PSSA BANKING DETAILS / AVSA BANK BESONDERHEDE

BANK:	STANDARD BANK	BRANCH/TAK:	ARCADIA
BRANCH NO/TAK No:	010845	ACCOUNT No/REKENING No:	013045148

PLEASE FAX YOUR DEPOSIT SLIP DIRECTLY TO THE ADMINISTRATION DEPARTMENT AT (012) 301-0828/0836
 FAKS ASSEBLIEF DIREK AAN DIE ADMINISTRATIEWE AFDELING BY (012) 301-0828/0836

SIGNATURE / HANDTEKENING

DATE / DATUM