



**South African Society
of
Hand Therapists**

MEMBERSHIP FORM 2011

**PLEASE ENSURE THAT THIS FORM IS LEGIBLE AND COMPLETELY FILLED
OUT EVEN IF INFORMATION HAS NOT CHANGED**

Title: _____ **Surname:** _____

Full Name: _____

Preferred name for correspondence: _____

Profession: _____ **HPCSA No:** _____

SASHT No: _____

Postal Address:

_____ **Code:** _____

Physical Work Address:

Region of Physical Work Address: (Please circle appropriate area)

CAPE: CT Northern Suburbs
CT Southern Suburbs
South Coast
Winelands
Overberg

**EASTERN CAPE
FREE STATE**

**GAUTENG: EAST RAND
JOHANNESBURG** West
Central
North
South
East

**KZN: Durban - North
Durban - West
Durban - East
Durban - South
Pietermaritzburg
North Coast
South Coast**

**SOUTH GAUTENG
LIMPOPO**

