



**South African Society
of
Hand Therapists**

MEMBERSHIP FORM 2012

**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**

MPUMALANGA: Middelburg
Nelspruit
Witbank
Baberton

PRETORIA Central
North
Centurion
East
West
South

NORTH WEST _____

NORTHERN CAPE _____

INTERNATIONAL

CONTACT DETAILS

Work: (____) _____
Home: (____) _____
Fax: (____) _____
Cell: _____
E-Mail Address: _____

I agree to abide by the rules of the South African Society of Hand Therapists Constitution (this can be obtained from www.sasht.org.za)

Signed: _____ Date: _____

MEMBERSHIP FEE STRUCTURE

(please circle the appropriate one)

International Member (if postal address is overseas)	R450.00
New Member:	R380.00
Full Member Renewed subscription:	R350.00
Late Registration Full member (after 31 March 2012)	R380.00
Student member:	R260.00
Associate Member:	R260.00

BANKING DETAILS

Standard Bank
Branch: Jan Smuts Avenue
Branch Code: 00 42 05
Account Number: 01 277 735 8

Please deposit your membership fees in the SASHT bank account.

And fax proof to Renske de Lange on 086 613 2230 OR

Email to: admin@sasht.org.za

Post to: SASHT

: P.O. Box 41266
: Reyno Ridge
: 1049

****Cheques to be made out to South African Society of Hand Therapists**

****Cash deposits to include R10 to cover bank handling costs**