



SOUTH AFRICAN SOCIETY OF
HAND THERAPISTS

SASHT MEMBERSHIP FORM FOR 2020

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

| | | |
|------------------------|-------------------------------|-------------------|
| Title: | Surname: | Full Name: |
| Profession: | Occupational Therapist | |
| | Physiotherapist | |
| | Other (specify) | |
| HPCSA no. | SASHT no. | |
| Postal Address: | Physical Work Address: | |
| Code: | Code: | |
| Cell no. | Home no. | |
| Work no. | Fax no. | |
| E-mail address: | | |

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

| | | |
|----------------------|---------------------|--|
| CAPE: | CT Northern Suburbs | |
| | CT Southern Suburbs | |
| | City Bowl | |
| | South Coast/ Karoo | |
| | Winelands | |
| | Overberg | |
| EASTERN CAPE | | |
| FREE STATE | | |
| KWAZULU NATAL | Durban North | |
| | Durban East | |
| | Durban South | |
| | Durban West | |
| | Pietermaritzburg | |
| | North Coast | |
| | South Coast | |
| GAUTENG | East Rand | |
| | Johannesburg North | |
| | Johannesburg East | |

| | | |
|--|----------------------|--|
| | Johannesburg South | |
| | Johannesburg West | |
| | Johannesburg Central | |
| SOUTH GAUTENG | | |
| PRETORIA | North | |
| | East | |
| | South | |
| | West | |
| | Central | |
| | Centurion | |
| MPUMALANGA | Middelburg | |
| | Nelspruit | |
| | Witbank | |
| | Barberton | |
| LIMPOPO | | |
| NORTH WEST | | |
| NORTHERN CAPE | | |
| INTERNATIONAL (Specify region) | | |

MEMBERSHIP FEE STRUCTURE

(Please tick the appropriate one)

| | | |
|---|----------------|--|
| 2020 SASHT Renewed Membership | R580.00 | |
| Late Renewal of Membership as of 1 March (After 28 th February 2020) | R650.00 | |
| NEW SASHT Membership | R600.00 | |

Please deposit your membership fees into the following SASHT bank account
and

Email to sashtadmin@confco.co.za or louise@confco.co.za

BANKING DETAILS:

Standard Bank

Account name: South African Society of Hand Therapists

Institution: Standard Bank

Branch name: Rosebank

Account type: Plus Plan

Account number: 004764730

Reference: Please use your surname and workshop as reference

- Cash deposits to include R50 to cover bank-handling costs
- Please ensure that the "MEMBERSHIP PAYMENT REFERENCE" as stated on your invoice is used as your deposit reference when making payment.

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

Signed: _____ (electronic) Date: _____