



The South African Association for Clinical Biochemistry

TITLE: Prof/Dr/Mr/Mrs/Miss/Ms

SURNAME: **FIRST NAME(S):**.....

QUALIFICATIONS:

Degree	University	Year

CURRENT APPOINTMENT:

WORK ADDRESS:

.....

PREFERRED POSTAL ADDRESS (if different from above):.....

.....

TELEPHONE NUMBER:..... **FAX:**.....

EMAIL ADDRESS:.....

SPECIAL SKILLS/INTERESTS:

SIGNATURE: **DATE:**

PROPOSERS

We, the undersigned members of the Association, have personal knowledge of the candidate and wish to support his/her application for membership of the Association.

NAME: **NAME:**

SIGNATURE: **SIGNATURE:**

*Subscriptions fees: **Students & Registrars - R190** (consisting of R30 joining fee and R160 annual subscription)*

***Technologists - R105** (consisting of R30 joining fee and R75 annual subscription)*

***Pathologists & working professionals - R300** (consisting of R30 joining fee and R270 annual subscription)*

All payments should bear the name of the applicant.

Electronic transfer should be made in favour of **SAACB, ABSA Bank, branch code: 632005, account no: 390162030.**

Please email your application form together with a copy of bank transfer statement/deposit slip to: saacb1@gmail.com and saacbtreasurer@gmail.com.

President: Prof. T.S.Pillay; Secretary: Dr M.Turzyniecka; Treasurer: Dr. F. Omar

Enquiries: saacb1@gmail.com Website: <http://www.saclinpath.co.za/>