



The South African Association for Clinical Biochemistry & Laboratory Medicine

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, Standard Bank, branch code: 014845, account no: 017413478

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

President: Prof. T.S.Pillay; Secretary: Dr L. Masika; Treasurer: Dr. B. Chale-Matsau

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