



# 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:** .....

<b>PROPOSERS</b>	
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.	
<b>NAME:</b> .....	<b>NAME:</b> .....
<b>SIGNATURE:</b> .....	<b>SIGNATURE:</b> .....

*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](mailto:saacb1@gmail.com)

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

Enquiries: [saacb1@gmail.com](mailto:saacb1@gmail.com) Website: <http://www.saclinpath.co.za/>