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Affiliated association not for gain. South African
Medical Association
Reg.No.1927/000/136/08

SASOM CORPORATE MEMBERSHIP APPLICATION OR RENEWAL FOR 2020

Please tick appropriate box: **New Application** **Renewal of membership**

COMPANY: _____

DEPARTMENT HEAD Surname: _____ **Initials:** _____ **Title:** _____

Address: _____

City: _____ **Postal Code:** _____ **Country:** _____

Telephone: _____ **Fax:** _____ **Cell :** _____

Occ. Health Department Head - E-mail: _____

Names of Individual Members _____

A. CORPORATE MEMBERSHIP FOR REGISTERED MEDICAL PRACTITIONERS

Apply for / renew Corporate Membership of SASOM for 2020 Total No. of members:

(R4215.00 for three members and R900.00 for each additional member). Please attach completed individual membership application/renewal forms of all members. Three OHSA journals will be sent to the first three members and all members can apply for free access to OHSA Journals on the internet.

B. METHOD OF PAYMENT:

Direct deposit into the SASOM bank account and clear proof of payment faxed, **with this form and individual membership forms from all members**, to Fax : 011 507 5085

Bank: Standard Bank, Menlyn Branch - Branch Code: 012345,

SASOM Current Account Number: 4208 361 87 Use your Company name as reference.

Signed at _____ **on this day** _____ **of 20** _____

Name: _____ **Signature:** _____