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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 2021

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 2021    Total No. of members:

(R4340.00 for three members and R926.00 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:** \_\_\_\_\_