



Application for Membership

PERSONAL

Mr/Mrs/Ms/Prof: -----

First Name: -----

Surname -----

Company/Organization: -----

Company Postal address: -----

Company Street Address: -----

City ----- Postal Code: -----

Telephone Number: -----

Cell Number: -----

Fax Number: -----

Email Address: -----

OVERVIEW

Please attach a brief overview which should include the following:

- Educational achievements
- Experience and length of time in Health Informatics.
- Membership of professional bodies.
- Any other information that might be relevant.

PLEASE TICK APPROPRIATE MEMBERSHIP SELECTION

SAHIA Associate Membership – 3 Units (Fiscal year Mar 2010-Feb 2011)	R120.00 per annum	<input type="checkbox"/>
SAHIA Full Membership – 5 Units (Fiscal year Mar 2010-Feb 2011)	R200.00 per annum	<input type="checkbox"/>

