



**APPLICATION FOR SAUHMA MEMBERSHIP
JUN 2009 – MAR 2011**

Surname : _____

First Names : _____

Nickname (if applicable): _____

Qualifications : _____

DHMSTC

DMO

CHT

Occupation : _____

Postal Address : _____

_____ Code: _____

E-mail : _____

Tel No (H) : () _____ Fax: () _____

(W) () _____ Cell: () _____

MEDICAL PRACTITIONERS ONLY:

HPCSA Reg No : _____

SAMA Membership No (if applicable) : _____

Registered Diving Medical Practitioner's No:(if applicable): D.O.L No: _____

I the undersigned hereby declare that I am eligible for membership of the Association and have included my R350-00 biennial subscription for JUNE 2009 to MAR 2011. I am prepared to associate myself with the Objectives of the Southern African Undersea and Hyperbaric Medical Association as defined in the Association Constitution.

SIGNATURE

DATE

**PLEASE POST/FAX YOUR COMPLETED APPLICATION TO:
SAUHMA; PRIVATE BAG X197; HALFWAY HOUSE; 1685 TEL: 0860 242 242;
FAX: 086 512 9091**