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Office hours: 8:30am to 4:30pm

2018 ADSA MEMBERSHIP UPDATE FORM

Please complete the form and email with proof of payment to: andrew@vdw.co.za

NAME AND SURNAME <i>(as in ID document)</i>	
TITLE (Mr, Miss, Mrs, etc.)	
HPCSA NUMBER <i>(DT or other)</i>	
PRACTICE NUMBER <i>(if applicable)</i>	
OTHER QUALIFICATIONS <i>(if not HPCSA)</i>	
NAME AND SURNAME	
ORGANIZATION <i>(where you work)</i>	
WORK PHONE NUMBER	<i>(code) (no)</i>
FAX NUMBER	<i>(code) (no)</i>
CELL PHONE NUMBER	
E MAIL ADDRESS	
POSTAL ADDRESS	
POSTAL CODE	
1st PHYSICAL ADDRESS <i>(for website) (work / practice)</i>	
SUBURB	
TOWN <i>(for website search)</i> PROVINCE	
2nd PHYSICAL ADDRESS <i>(for website) (2nd practice if applicable)</i>	
SUBURB	
TOWN <i>(for website search)</i> PROVINCE	
PPDs INDICATE NATURE OF PRACTICE	<input type="checkbox"/> FULL-TIME <input type="checkbox"/> PART-TIME
INDICATE TYPE OF MEMBERSHIP	<input type="checkbox"/> ASSOCIATE MEMBER <input type="checkbox"/> COMMUNITY SERVICE MEMBER <input type="checkbox"/> FRIENDS OF ADSA <input type="checkbox"/> FULL MEMBER <input type="checkbox"/> HONORARY MEMBER <input type="checkbox"/> RETIRED MEMBER <input type="checkbox"/> STUDENT MEMBER
INDICATE THE BRANCH YOU WOULD LIKE TO BELONG TO	<input type="checkbox"/> EASTERN CAPE <input type="checkbox"/> FREE STATE <input type="checkbox"/> GAUTENG SOUTH <input type="checkbox"/> INTERNATIONAL <input type="checkbox"/> KWAZULU NATAL <input type="checkbox"/> MOPANI <input type="checkbox"/> LOWVELD <input type="checkbox"/> MPUMALANGA HIGHVELD <input type="checkbox"/> NORTHERN CAPE <input type="checkbox"/> NORTH WEST <input type="checkbox"/> PRETORIA <input type="checkbox"/> WESTERN CAPE

	Please indicate if your current employment is in the Private or Public Sector Please then mark ALL appropriate categories in the applicable sector	
CURRENT EMPLOYMENT Tick the categories that are most appropriate for you.	<input type="checkbox"/> PRIVATE SECTOR <input type="checkbox"/> Community / Public Health Nutrition <input type="checkbox"/> Consultant <input type="checkbox"/> Education - Tertiary <input type="checkbox"/> Food Service Management <input type="checkbox"/> Private Practice <input type="checkbox"/> Hospital Dietitian <input type="checkbox"/> Industry <input type="checkbox"/> Research <input type="checkbox"/> Other _____	<input type="checkbox"/> PUBLIC SECTOR <input type="checkbox"/> Community / District / Public Health Nutrition <input type="checkbox"/> Education - Tertiary <input type="checkbox"/> Food Service Management <input type="checkbox"/> Hospital Dietitian <input type="checkbox"/> Nutrition Programme Manager <input type="checkbox"/> Research <input type="checkbox"/> Other _____

MEMBERSHIP FEE STRUCTURE ADSA

CATEGORY	FEE FOR 2018	AMOUNT ENCLOSED
Full Member	R695	
Community Service Member	R695	
Associate Member	R695	
Friend of ADSA	R695	
Retired Member	R342	
Student Member	R177	
Pay it Forward (Please consider contributing towards a Bursary fund for student dietitians)	R10 (Or any other amount)	
TOTAL AMOUNT ENCLOSED		R

Method of payment									
Debit Order Once-Off	Bank Deposit/EFT					Debit Order 6 Months			
Debit order									
Name (print)									
Name of bank									
Branch name									
Branch code									
Account number									
Account type	Current			Savings			Transmission		
I hereby request and authorize ADSA to draw against my account with the above-mentioned bank (or any other bank or branch to which I may transfer my account), the amount necessary for the payment of my yearly ADSA membership fee until further notice.									
SIGNATURE: _____					DATE: _____				
Banking Details : Bank: ABSA Bank Branch: Randburg Branch Code: 632005 Account number: 9160243145					NB : Email completed form and proof of payment to andrew@vdw.co.za Please provide HPCSA (DT or other) number as reference				

Thank you for your ADSA membership application.

Databases held by our secretariat are not provided or sold to third parties, and are used exclusively for communication between the secretariat and ADSA members.

The secretariat occasionally uses cellular numbers to transmit SMS notices for important events. If you are attending a conference staged by the secretariat you may also receive program changes by SMS.

Yours faithfully,
Kerry-Ann Dolloway RD(SA)
ADSA Executive Committee: Membership