

**2017 ADSA MEMBERSHIP APPLICATION FORM**

Please complete the form and email with proof of payment to: [info@adsa.org.za](mailto:info@adsa.org.za)

<b>NAME AND SURNAME</b> <i>(as in ID document)</i>	
<b>TITLE</b> (Mr, Miss, Mrs, etc.)	
<b>HPCSA NUMBER</b> <i>(DT or other)</i>	
<b>PRACTICE NUMBER</b> <i>(if applicable)</i>	
<b>NAME AND SURNAME</b> <i>(generally used)</i>	
<b>YOUR ORGANIZATION</b>	
<b>WORK PHONE NUMBER</b>	<i>(code) (no)</i>
<b>FAX NUMBER</b>	<i>(code) (no)</i>
<b>CELL PHONE NUMBER</b>	
<b>E MAIL ADDRESS</b>	
<b>POSTAL ADDRESS</b>	
<b>POSTAL CODE</b>	
<b>1st PHYSICAL ADDRESS</b> <i>(for website)</i> <b>(work / practice)</b> <b>SUBURB</b> <b>TOWN</b> <i>(for website search)</i> <b>PROVINCE</b>	
<b>2nd PHYSICAL ADDRESS</b> <i>(for website)</i> <b>(2<sup>nd</sup> practice if applicable)</b> <b>SUBURB</b> <b>TOWN</b> <i>(for website search)</i> <b>PROVINCE</b>	
<b>PPDs INDICATE NATURE OF PRACTICE</b>	<input type="checkbox"/> FULL-TIME <input type="checkbox"/> PART-TIME
<b>INDICATE TYPE OF MEMBERSHIP</b>	<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
<b>INDICATE THE BRANCH YOU WOULD LIKE TO BELONG TO</b>	<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

	<b>Please indicate if your current employment is in the Private or Public Sector Please then mark ALL appropriate categories in the applicable sector</b>	
<b>CURRENT EMPLOYMENT</b> Tick the categories that are most appropriate for you.	<input type="checkbox"/> <b>PRIVATE SECTOR</b> <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"/> <b>PUBLIC SECTOR</b> <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 2017	AMOUNT ENCLOSED
Full Member	R650	
Community Service Member	R650	
Associate Member	R650	
Friend of ADSA	R650	
Retired Member	R320	
Student Member	R165	
<b>TOTAL AMOUNT ENCLOSED</b>		<b>R</b>

Method of payment											
<b>Cheque enclosed</b>		<b>Debit order</b>					<b>Bank deposit / EFT</b>				
<b>Debit order</b>											
<b>Name (print)</b>											
<b>Name of bank</b>											
<b>Branch name</b>											
<b>Branch code</b>											
<b>Account number</b>											
<b>Account type</b>	<b>Current</b>			<b>Savings</b>			<b>Transmission</b>				
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: _____					
<b>Banking Details :</b> <b>Bank:</b> ABSA Bank <b>Branch:</b> Randburg <b>Branch Code:</b> 632005 <b>Account number:</b> 9160243145						<b>NB : Email completed form and proof of payment to <a href="mailto:info@adsa.org.za">info@adsa.org.za</a></b>  <b>Please provide HPCSA nr. (DT or other) as reference</b>					

Thank you for your ADSA membership application.

The ADSA database of postal addresses is only sold in the form of labels and email addresses after due consideration by the ADSA Executive Committee/President based on the potential benefit to members. Databases held by our secretariat are not provided or sold to third parties and are used exclusively for carefully selected industry communications only.

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

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