



MEMBERSHIP APPLICATION FORM

THE SOUTH AFRICAN HEAD AND NECK ONCOLOGY SOCIETY

DIE SUID-AFRIKAANSE VERENIGING VIR KOP- EN NEKONKOLOGIE

A special group of SAMA to advance the knowledge of all aspects of Head & Neck Oncology.

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SURNAME: _____ FIRST NAME: _____ TITLE: _____

CORRESPONDENCE / POSTAL ADDRESS: _____

CITY: _____ POSTAL CODE: _____ e-MAIL: _____

PROFESSIONAL ADDRESS: _____

CITY: _____ POSTAL CODE: _____

OFFICE TEL No: _____ FAX No: _____ MOBILE No: _____

MAIN SPECIALTY: _____ QUALIFICATIONS: _____

INTEREST / ACTIVITIES IN HEAD AND NECK ONCOLOGY: _____

_____ No of Years Active in the Field _____

(e.g. Surgery, Radiation Oncology, Medical Oncology, Pathology, Dentistry, etc)

PRESENT POSITION: Private practice: YES / NO

Hospital Appointments: _____

Academic Appointments: _____

University Affiliation: _____ Dept: _____

REGISTRARS: Name of Head of Department: _____ Year of Study: _____

SAMA Membership: YES/NO Membership Number: _____

OTHER ACTIVE PROFESSIONAL SOCIETY MEMBERSHIPS (Names in full):

1. _____ 2. _____

3. _____ 4. _____

APPLICATION FOR MEMBERSHIP:

PROPOSER: Name: _____ Signature _____

Address: _____

SECONDER: Name: _____ Signature _____

Address: _____

SIGNATURE OF APPLICANT/MEMBER: _____ Date: _____

APPLICATION FEE: R100-00 (payable once membership has been accepted)