I1. SASOHN MEMBERSHIP APPLICATION FORM

Only complete this form if you have never been a SASOHN member before. Please fax or email to the National Office.

**Please Note:** By completing this form you consent in terms of the Protection of Personal Information Act (POPI) to your personal information being obtained, utilized, and stored by SASOHN data systems.

(Failure to complete this form CLEARLY and in full will result in you not receiving correspondence from SASOHN)

# PERSONAL DETAILS

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **TITLE** |  | **FIRST NAME** | | |  | | | | | **SASOHN NO** | | | **OFFICE USE ONLY** | | |
| **SURNAME** |  | | | | | | | | | **SANC REG NO** | | |  | | |
| **ID NO** |  | | | | | | | | | **HPCSA REG NO** | | |  | | |
| **CELL NUMBER** |  | | | | | | | | | **WORK TEL NUMER** | | |  | | |
| **ETHNICITY** | African | | Caucasian | | Coloured | Indian | | Asian | | **GENDER** | | | Male | | Female |
| **PRIVATE EMAIL ADDRESS\*** |  | | | | | | | | | | | | | | |
| **ALTERNATIVE EMAIL**  **ADDRESS** |  | | | | | | | | | | | | | | |
| **POSTAL ADDRESS (NB – all order deliveries i.e. book orders, will be sent to this address)** | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | |
|  | | | | | | | | | **POSTAL CODE** | | |  | | | |
| **QUALIFICATONS** |  | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | |
| **NAME OF INSTITUTION WHERE HIGHEST STUDY COMPLETED** |  | | | | | | | | | | | | | | |
| **PLEASE TICK** | **DIPLOMA** | | | **DEGREE** | | | **MASTERS** | | | | **PHD** | | | **OTHER** | |

1. **EMPLOYMENT DETAILS (PLEASE COMPLETE IN FULL FOR INVOICING PURPOSES)**

|  |  |  |  |
| --- | --- | --- | --- |
| **COMPANY FULL NAME** |  | **VAT NO** |  |
| **POSTAL ADDRESS** |  | | |
|  | **POSTAL CODE** |  |
| **PROFESSION** |  | **TYPE OF INDUSTRY** |  |
| **FIELD OF WORK** |  |  |  |

# SASOHN REGION (Please indicate the region of your choice from the list below)

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| EASTERN CAPE | GAUTENG CENTRAL | KZN COASTAL | KZN INLAND | MPUMALANGA |
| NORTHERN NATAL – DISCUSSION GROUP | PRETORIA | VAAL | WEST RAND | WESTERN CAPE |

# MEMBERSHIP TYPE

**FULL MEMBER**  **INTERNATIONAL MEMBER**  **RETIRED MEMBER**

**AFFILIATE MEMBER**

**I apply as an affiliate member as a result of**

* 1. **my profession - please specify.** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
  2. **being an international colleague - please specify.** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **and/or**
  3. **being affiliated with another professional organisation - please specify.** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

NB: Affiliate, International and Retired Members DO NOT qualify for Indemnity. This also applies to members not employed in Occupational Health.

|  |  |
| --- | --- |
| **Please attach a certified copy (not older than 3 months) of the following documents:** | |
| Certified copy of Identity Document/Passport |  |
| Certified copy of Qualification/Occupational Health Qualification (Certificate/Diploma) |  |
| SANC Receipt of Current Year (for registered nurses only) |  |

**If you wish to stop your membership at any time, SASOHN National Office must be notified in writing otherwise you will be liable to pay outstanding fees**

|  |  |  |
| --- | --- | --- |
|  |  | Click or tap to enter a date. |
| **SIGNATURE** |  | **DATE** |

**Criteria & Categories of Annual Membership**

**2024 Membership = R750**

**Full Membership Criteria**

Registered Professional Nurses actively participating in any field of Occupational Health (in the Republic of South Africa), who are current paid-up members of SASOHN and SANC

**2024 Affiliated Membership Fee = R750**

**Affiliated Membership Criteria**

Any Health Professional other than a Registered Professional Nurse (e.g. Physiotherapist, Occupational Therapist, etc.) in any other field related to Occupational Health, or Occupational Health Nursing Practitioners registered and working in other countries, or Enrolled Nurses practising Occupational Health in South Africa

**2024 Retired Member Fee: >60 to 64 (25% reduction) = R565**

**Retired Membership Criteria**

(a)    These are Members who have reached retirement age by 1 September of the specific calendar year, who do take on employment from time to time (locum and other) in the field of Occupational Health and want to retain SASOHN membership through payment of membership fees.  The following criteria shall apply:

See attached Retired-member-as-per-SASOHN-Constitution

[Retired-member-as-per-SASOHN-Constitution](https://www.sasohn.co.za/Retired-member-as-per-SASOHN-Constitution)

**2024 Retired Membership Fee: >65 (50% reduction) = R375**

**Retired Membership Criteria**

(a)    These are Members who have reached retirement age by 1 September of the specific calendar year, who do take on employment from time to time (locum and other) in the field of Occupational Health and want to retain SASOHN membership through payment of membership fees.  The following criteria shall apply:

See attached Retired-member-as-per-SASOHN-Constitution

[Retired-member-as-per-SASOHN-Constitution](https://www.sasohn.co.za/wp-content/uploads/Retired-member-as-per-SASOHN-Constitution-1.pdf)