



I2. CHANGE OF DETAILS

To be completed upon change of employment or any personal details

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 in full and email or fax to the National Office will result in you not receiving correspondence)

1. PERSONAL DETAILS

TITLE	FIRST NAME	SASOHN NO		
SURNAME	SANC REG NO			
ID NO	AUDIO REG NO			
CELL NUMBER	WORK TEL NUMER			
ETHNICITY	<input type="checkbox"/> African <input type="checkbox"/> Caucasian <input type="checkbox"/> Coloured <input type="checkbox"/> Indian <input type="checkbox"/> Asian		GENDER <input type="checkbox"/> Male <input type="checkbox"/> Female	
PERSONAL 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	<input type="checkbox"/> DIPLOMA	<input type="checkbox"/> DEGREE	<input type="checkbox"/> MASTERS	<input type="checkbox"/> PHD <input type="checkbox"/> OTHER

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

COMPANY FULL NAME	VAT NO
POSTAL ADDRESS	POSTAL CODE
PROFESSION	TYPE OF INDUSTRY

3. SASOHN REGION (Please indicate the region of your choice from the list below ONLY)

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

4. MEMBERSHIP TYPE

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

- FULL MEMBER AFFILIATE MEMBER HONORARY LIFE MEMBER INTERNATIONAL MEMBER AUDIO MEMBER

Please attach a copy of the following documents:

SANC Receipt of Current Year (only for registered nurses)

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.

SIGNATURE

DATE: