**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 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** | [ ]  African [ ]  Caucasian [ ]  Colored [ ]  Indian [ ]  Asian | **GENDER** | [ ]  Male [ ]  Female |
| **PREFERRED 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** |  |

1. **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**

1. **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**

[ ]   **RETIRED MEMBER (>60 to 64)** [ ]  **RETIRED MEMBER (>65)**

|  |
| --- |
| **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*

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

***By signing this form electronically, you acknowledge and agree that your electronic signature is legally binding and has the same validity and enforceability as your handwritten signature. You further confirm that all the information provided is accurate and truthful to the best of your knowledge.***

***Your electronic signature signifies your acceptance of the terms and conditions of membership as outlined by SASOHN***