



South African Society of Haematology
MEMBERSHIP APPLICATION FORM

Full Name: _____

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_____ Code _____

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Tel (Work): _____

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Tel (Cell): _____

HPCSA no : _____

Current position: _____

Organization: _____

Qualification: _____

Applicants signature: _____

Date: _____

SUBSCRIPTION FEES

Member subscription fees have been waived as decided on the Annual General Meeting of SASH on 07 September 2009.

PLEASE EMAIL OR FAX THE COMPLETED FORM TO

Email : secretary@sash.org.za

Fax: 051-4441036