



## MEMBERSHIP FORM

Please submit your form, once completed for Att: **Sithembile Khathi 031 303 9529**.

Once your application form has been processed an invoice with Membership fees and banking details will be sent through for your perusal and payment.

Please DO NOT MAKE any payment before receipt of your invoice.

### MEMBERSHIP FEES

**Annual Membership Fee R150.00**

(From 1 March 2010 – 28 February 2011)

#### **Registration Includes:**

- Membership of the Neonatal Nursing Association of Southern Africa
- Affiliation to COINN
- Membership Welcome Package
- Membership Badge

### PERSONAL DETAILS

Title: \_\_\_\_\_ Name: \_\_\_\_\_

Surname: \_\_\_\_\_

Organisation/  
Dept/Municipality/  
Hospital: \_\_\_\_\_

Postal Address: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Province: \_\_\_\_\_

Postal Code: \_\_\_\_\_ Country: \_\_\_\_\_

Telephone: (\_\_\_\_\_) \_\_\_\_\_ Fax No: (\_\_\_\_\_) \_\_\_\_\_

Cellphone: \_\_\_\_\_

Email: \_\_\_\_\_

Signature: \_\_\_\_\_

For statistical purposes only please advise on the below:

Sector:  Private  Public  
Gender:  Male  Female

Race: \_\_\_\_\_

## **Neonatal Experience**

What Neonatal Training do you have? \_\_\_\_\_

Have you participated in Neonatal Research? \_\_\_\_\_

If yes, which? \_\_\_\_\_

Position/Designation:     Unit Manager     Registered Nurse     Enrolled Nurse     Lecturer  
 Other \_\_\_\_\_

Would you like to start a Branch in your area?     YES     NO

Please provide more information

## **Payment Details:**

Once your registration form has been processed, an invoice with bank details will be forwarded to you for payment. Please note that the payment is only to be made on receipt of the invoice.

Please kindly indicate your intended method of payment:

Bank Deposit/Electronic Transfer:   

Cheque:   

Please ensure that all transfers make clear reference to the member that it is being paid for (name and surname) as well as your membership number. Proof of payment needs to be faxed or emailed. Without proof of payment, you will not be receipted and your membership card cannot be posted

### **Terms & Conditions**

\*The membership fees will be applicable for the period: 1 March 2010 to February 2011

\*No membership will be confirmed without payment.

\*Please ensure all transfers make clear reference to the delegate being paid for (Name and surname please) and membership no.

\*Once payment has been made, proof of payment is to be faxed, posted or e-mailed through for the attention of: Sandra Strauss +27 31 303 9529.

\*Confirmation of payment received will be provided in the form of an official receipt. Without proof of payment you will not be receipted and your membership card cannot be processed.

### **VALUE ADDED TAX**

In accordance with the South African Revenue Services, 14% has been added to your membership fee.

### **Privacy Statement**

We collect information that you voluntarily provide, in order for us to process memberships and other transactions you may request, and provide a customer service.

We use your information to inform you of updates and send you relevant information regarding the concerned event.

We do not sell, rent, or lease our delegate lists to third parties. In order to help provide our services, we occasionally provide information to other companies that work on our behalf. The Conference Company shall take all reasonable steps to protect the personal information of Users. For the purpose of this clause, "personal information" shall be defined as detailed in the Promotion of Access to Information Act 2 of 2000 (PAIA). The PAIA may be downloaded from: <http://www.polity.org.za/html/govdocs/legislation/2000/act2.pdf>

**The Membership Secretariat  
The Conference Company  
Sithembile Khathi  
Tel: +27 – 31 – 303 9852    Fax: +27 – 31 – 303 9529  
E-mail: [sithembile@confco.co.za](mailto:sithembile@confco.co.za)**