

MEMBERSHIP APPLICATION FORM

PERSONAL DETAILS

Title: Prof Dr Mr Mrs Ms Mast
Surname: _____ ID Number: _____
First Names: _____
Postal Address: _____
_____ Postal Code: _____ Province _____
Home Phone: (__) _____ Home Fax: (__) _____
E-mail: _____ Cell: _____
We prefer Email addresses to enable us to communicate more efficiently with members

WORK DETAILS:

Employed full time Employed part time Unemployed
 Student Retired Homemaker
Work phone: (__) _____ Work fax: (__) _____ E- Mail: _____

CATEGORY MEMBERSHIP:

Transplantee Spouse/Family member Donor Donor family
Individual: Professional / Corporate / Friend of transplantee

TRANSPLANTATION HISTORY:

Organ/s: _____ Date or transplant: _____ Hospital: _____

PARTICIPATION IN SOCIETY ACTIVITIES:

Transplant Games: NOTE: *Only for transplantees Please indicate your sporting interest:*

Swimming Golf Lawn bowls Badminton
 Table tennis Tennis Squash Cycling
 Road running Volley ball Ten Pin Bowling Snow Skiing
 Track and Field (Specify) _____
Other sporting activities: _____

Interested to be a sponsor **Other:** _____

NO MEMBERSHIP FEE PAYABLE

Membership renewable on 31st March of every year.

DONATIONS WILL BE APPRECIATED

I include a donation of R.....

Payment Method: Bank deposit Postal Order Cheque Electronic transfer
Cheques and Postal orders should be crossed and made payable to the:

SOUTH AFRICAN TRANSPLANT SPORTS ASSOCIATION

Bank deposits and electronic transfers: Fax proof of payment

Banking details: **ABSA** **Name of account:** SATSA National (Cheque)
Branch: Santyger **Code:** 632005 **Account number:** 4067461041 **Reference:** Your name

Signature: _____ **Date** _____

Post / fax this form to the above address/Fax No.

FOR OFFICE USE ONLY:

Membership Number: _____ **Receipt No.** _____ **Date:** _____