



## SOUTH AFRICAN RENAL SOCIETY MEMBERSHIP APPLICATION FORM 2019

Please complete all sections

[SARS membership provides collective ISN membership \(online and printed Kidney International Journal\)](#)

Nomination supported by member number: \_\_\_\_\_      Nomination supported by member number: \_\_\_\_\_  
 Print Name: \_\_\_\_\_      Print Name: \_\_\_\_\_

**Nomination must be an active paid-up SARS member**

Title:		Surname:	
First Names:		HPCSA no.:	
Hospital/Centre:			
Physical Address:			
Town/City:		Postal code:	
Province:		Country:	
Telephone:		Mobile:	
Email:		Fax:	
Sector:	<input type="checkbox"/> Public <input type="checkbox"/> Private <input type="checkbox"/> Both		
Category of registration and field of practice:			
Ordinary - Registered Adult Nephrologist		Ordinary - Registered Paediatric Nephrologist	
Ordinary - Specialist Physician (Internal Medicine)		Specialist Paediatrician	
Trainee - Nephrology, Adult or Paediatric (please specify)			
Honorary (life-long, free)		Corporate	
Associate - Scientist (specify field of interest and qualifications)			
Current areas of activity (please check <u>all</u> that apply): I am <b>not</b> active at present (e.g. retired) <input type="checkbox"/>			
Clinical nephrology <input type="checkbox"/> Teaching nephrology <input type="checkbox"/> Research in Nephrology <input type="checkbox"/>			
<b>APPLYING FOR THE FOLLOWING CATERGORY OF MEMBERSHIP (Please mark with an X)</b>			
Ordinary SARS Membership (R3,500)		Trainee/Fellowship - 1st Year – Free	
Associate SARS Membership (R1,100)		Trainee/Fellowship - 2nd Year - 50% Member Fees	
Applicant's Signature:			Date:

**NB. Please attach copy of relevant HPCSA Registration Certificate and latest annual Card with application**

**South African Renal Society Secretariat (SARS)**

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