



SOUTH AFRICAN RENAL SOCIETY MEMBERSHIP UPDATE FORM

Please complete all sections

| | | | |
|--|--|--|--|
| Title: | | Surname: | |
| First Names: | | HPCSA no.: | |
| Hospital/Centre: | | | |
| Physical Address: | | | |
| Town/City: | | Postal code: | |
| Province: | | Country: | |
| Telephone: | | Mobile: | |
| Email: | | Fax: | |
| Sector: | <input type="checkbox"/> Based in public/academic sector | | <input type="checkbox"/> Based in private sector |
| Category of registration and field of practice: | | | |
| Registered Adult Nephrologist | <input type="checkbox"/> | Registered Paediatric Nephrologist | <input type="checkbox"/> |
| Specialist Physician | <input type="checkbox"/> | Specialist Paediatrician | <input type="checkbox"/> |
| Trainee in Nephrology, Internal Medicine or Paediatrics – please specify | <input type="checkbox"/> | | |
| Other Medical Practitioner – specify | | | |
| Scientist – specify field of interest | | | |
| Current areas of activity (please check <u>all</u> that apply): | | Am <u>not</u> active at present (e.g. retired) | |
| Clinical nephrology ___ Teaching nephrology _____ | | Research in nephrology _____ | |
| Signature: | | Date: | |

Email to: Sharonb@turnerssecretariat.co.za or

Mail to: The SARS Secretariat, Turners Conferences, PO Box 1935 Durban, 4000, South Africa.