



Membership Application Form

I hereby apply for membership of the SA Hypertension Society. Membership is open any person with an interest in hypertension: members of the public, health care workers: professional and related health care industry personnel. At this time there is no charge for membership.

I have been made aware that most of the communication in the SAHS will take place via the Internet and in particular the website, www.hypertension.org.za Information will be sent mainly by e-mail to sahs@hypertension.org.za and infrequently via post.

Please fax this form to 011-706-4915

LAST NAME						
FIRST NAMES						
TITLE						
PROFESSION	DOCTOR		NURSE		PHARMACIST	OTHER PLEASE SPECIFY
Public members	If you are a member of the public not related to the health sector please mark this box and tell us how we may help you					
E-MAIL ADDRESS						
POSTAL ADDRESS						
TELEPHONE NUMBER				FAX NUMBER		
CELLPHONE NUMBER						
PROFESSIONAL OR MP NUMBER						
POSITION						
WORK ORGANISATION						
SECTOR	PRIVATE		PUBLIC		OTHER PLEASE SPECIFY	

Signature: _____