

The South African Medico-Legal Association

**APPLICATION FORM FOR MEMBERSHIP**

**THE SOUTH AFRICAN MEDICO LEGAL ASSOCIATION (SAMLA)**

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| **PERSONAL DETAILS** |

TITLE: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

SURNAME:

FIRST NAMES:

WORK ADDRESS:

POSTAL ADDRESS:

E-MAIL ADDRESS:

TELEPHONE: LANDLINE: CELL:

FAX: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

DATE OF BIRTH:

GENDER: Male Female

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| **QUALIFICATIONS** |

**MEDICAL/LEGAL : \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

MEDIATOR: NO  YES/ INSTITUTION 

UNDERGRADUATE DEGREE 1 .

UNIVERSITY OBTAINED: .

YEAR: .

DEGREE 2 .

UNIVERSITY OBTAINED: .

YEAR: .

DEGREE 3 .

UNIVERSITY OBTAINED: .

YEAR: .

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| **CURRENT EMPLOYMENT** |

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| **MEMBERSHIP** |

HPCSA REG NO: (if applicable)

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| **MEDICO-LEGAL INTEREST** |

FIELD OF INTEREST \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

INTEREST TO SERVE ON SPECIAL COMMITTEES: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

***PLEASE ENCLOSE YOUR ABRIDGED CV WITH THE APPLICATION FORM***

**Membership fees are R 600.00 for 2016**

**Full time academic members pay R 300.00 for 2016**

**Full time students pay R 150.00 for 2016**

**Please pay the money directly into the SAMLS current bank account by EFT:**

**Nedbank Account Number 1913 301 036**

**Branch: Cresta, Randburg 191305**

**REF: SURNAME + INITIALS +MF2016**

**Please e-mail the membership application form, CV and deposit slip to: Christa Koelewyn: info@samla.org.za**