



## SA Society of Obstetricians & Gynaecologists

Unit 16 Northcliff Office Park  
203 Beyers Naude Drive  
Northcliff, 2115

Tel: 011 340 9000  
Fax: 011 782 0270

PO Box 2127  
Cresta  
2118

### MEMBERSHIP APPLICATION

I, the undersigned \_\_\_\_\_ hereby apply to take up membership in the SA Society of Obstetricians & Gynaecologists (the Society), the object of which is to negotiate with the funders of health care, managed care organisations, other health care providers and the suppliers of goods and services to the respective members of the Society, with a view to maximising the potential synergistic and rationalisation benefits for each member. I acknowledge that the Articles of Association of the Society are available for my inspection and I agree that the board may use the pharmaceutical/ claims data as a means of enhancing the group.

I acknowledge that Membership of the Society will also entitle me to membership of Gynaecology Management Group (GMG).

SIGNED at \_\_\_\_\_ this \_\_\_\_\_ day of \_\_\_\_\_ 2012.

**NOTE:**

*Membership information, to be completed by the applicant (or each partner in the event of a group practice). The information below is necessary in order to prepare a complete members database. Please complete in full. Retain a copy for your records. The majority of communications is by e-mail and sms notifications.*

TITLE		
SURNAME		
FIRST NAMES		
POSTAL ADDRESS		Code:
PRACTICE / PHYSICAL ADDRESS		
PROVINCE		Code:
IDENTITY NUMBER	PRACTICE NUMBER (BHF),(PCNS)	HPCSA REGISTRATION NUMBER
VAT REGISTRATION NUMBER	EMAIL ADDRESS	
PRACTICE TELEPHONE NO.	PRACTICE FAX NO.	CELLULAR NO.
MEMBERSHIP TYPE	Private Practice – R 5220 (Including VAT) per annum <input type="checkbox"/> Public Service – R 750 (Including VAT) per annum <input type="checkbox"/> Registrars <input type="checkbox"/> & Overseas – No Fees <input type="checkbox"/>	

**Please ensure you complete the membership application page AND the ACB authority page  
Please Fax Back to 011 782 0270**

**Banking Details:**

Account Name: GMG Ltd      Bank: Nedbank Killarney      Branch Code: 191605      Account Number: 1916-053726



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### ACB AUTHORITY

I hereby request that the Gynaecology Management Group Limited make withdrawals from my bank account on the date(s) specified below or at any other time stipulated in the event of the transfer not being made.

NAME OF ACCOUNT HOLDER	
PRACTICE NO.	
<b>Banking Details</b>	
ACCOUNT TYPE	Current <input type="checkbox"/> Cheque <input type="checkbox"/> Savings <input type="checkbox"/>
NAME OF BANK	
BRANCH	
ACCOUNT NO.	
BANK CLEARANCE CODE <i>(top right corner of cheque)</i>	
MONTHLY AMOUNT <i>(Incl. VAT)</i>	R 435 (Including VAT)
To be Charged from:	_____/_____/_____

#### Fee Structure:

1. Private Practice R 435 per month / R 5220 per annum (Incl. VAT)
2. See application form for other categories

The Gynaecology Management Group Limited will charge my account on the 1st (first) and on the same day of each month thereafter. It is hereby agreed that this authority will remain in force until cancelled in writing. Annual adjustments will be notified 60 days in advance.

SIGNED AT: \_\_\_\_\_ on \_\_\_\_\_ 2012.

SIGNATURE: \_\_\_\_\_

**Please attach a cancelled cheque**

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