



2016 MEMBERSHIP APPLICATION FORM

PROFESSIONAL INFORMATION

Title: Prof Dr Mr Mrs Ms **Initials:** _____ **First Name(s):** _____

Surname: _____ **Institution/Organisation:** _____

Profession (check one):
 Doctor Generalist Doctor Specialist Pharmacist Professional Nurse Other: _____

If Doctor Specialist, select speciality:
 Cardiology Clinical Pharmacology Dermatology Family Physician Infectious Diseases OB GYN Paediatrics
 Physician / Internal Medicine Psychiatry Other: _____

Council number (e.g. HPCSA, SANC): _____ **Practice number** (if applicable): _____

Primary Employment affiliation (please chose one):
 Clinic Government (non-clinical) Hospital Industry Non-governmental Organisation (NGO) Private Practice
 Student University Other

Professional Activities (write '1' for primary and '2' for secondary):
 Administration Advocacy Patient care Programme Management Research Sales/Marketing
 Teaching/Education Other

Please enter the year you began treating HIV patients: _____

Please indicate if you have passed a postgraduate diploma on the clinical management of HIV from one of the following institutions:
 Colleges of Medicine of South Africa University of KwaZulu Natal Other: _____
 Year completed: _____ Year completed: _____ Year completed: _____

Professional Associations: SAMA IAS FIDSSA Other: _____

CONTACT INFORMATION

Postal Address: _____
 _____ **Suburb/Town:** _____ **Postal Code:** _____

Province: _____ **Country:** _____

Telephone: _____ **Mobile:** _____

Fax: _____ **Email:** _____

DEMOGRAPHIC INFORMATION

Race/ethnicity: Black Coloured Indian White Other: _____

Gender: Female Male Intersex/Transgender **Date of Birth:** □□/□□/□□□□

MEMBERSHIP PREFERENCES

Would you like to receive a posted copy of the Society's magazine for nurses, *HIV Nursing Matters*? (Copies are available free on the Society's website: www.sahivsoc.org) Yes No

Would you like to participate in the Society's online membership directory? (Your contact information will be available only to other Society members through the members portal on the Society's website) Yes No

How would you like to receive communications from the Society (check all that apply): SMS Email

- **Doctors** **R400 per annum**
- **Nurses & Allied Health Professionals** **R300 per annum**
- **Pharma Package** **R14000 per annum**
includes 10 pharma rep memberships, 2 mailers and 1 social media event / article
- **Organisation (NGO) Package** **R3500 per annum**
for 10 staff memberships or R6000 per annum for 20 staff memberships

Signed: _____

Date: _____

I hereby agree to support the values and mission of the Society; and agree to the membership code of conduct

Method of payment: Electronic Transfer Direct Deposit Post/Cheque Cash Payment Date: □□/□□/□□□□

Fees are now charged for a calendar year or pro rata according to the date of application. Payments may be made by cheque or electronic transfer payable to: Southern African HIV Clinicians Society, Nedbank Campus Square, Branch Code 158-105, Account No: 1581 048 033. For alternative online payment please go to <http://sahivsoc.org/about/membership-application> and click the "Pay Now" button. Please reference your surname and/or membership number on the payment. Please fax or email proof of payment to 011 728 1251 or admin@sahivsoc.org or post to: Suite 233, Post Net Killarney, Private Bag x2600, Houghton 2041.

HAVE QUESTIONS? Please contact us: 011 728 7365 / admin@sahivsoc.org / www.sahivsoc.org



2016 PROVIDER DIRECTORY ENROLMENT FORM

If you are a practicing health professional who sees HIV patients in the private sector and would like to be listed in our online provider directory as available for patient referrals, please complete the information below. All information provided other than personal contact information will be available for health care users to view in the provider directory. Please note that only Society members in good standing will be included in the directory.

PRACTICE INFORMATION

Physical Practice Address: _____

Suburb / Town: _____ **Postal Code:** _____

Province: _____ **Country:** _____

Practice Telephone: _____ **Practice Email (if applicable):** _____

Practice Website (if applicable): _____ **Practice Fax:** _____

Practice Number: _____

Languages: Afrikaans English Xhosa Zulu Other: _____

Populations served (check all that apply): Paediatrics Adolescents Adults Pregnant Women
 Gay/Lesbian/Bisexual/Transgender/Intersex Pre-conception planning for couples wishing to conceive
 Drug-resistant patients Complex opportunistic infections Other: _____

PRACTICE PAYMENT POLICIES

Medical Insurance accepted: Yes No Some/Restricted

Medical Insurance payment policy:
 Practice requires an upfront cash payment Practice bills the Medical Aids on behalf of the member

Medical Insurance remuneration policy:
 Medical Aid rate Independent rate: check the amount at the time of the appointment

TERMS AND CONDITIONS

I certify that this information is correct
By checking this box, I hereby certify that the information provided is to the best of my knowledge full and correct. I accept full responsibility for any damages resulting directly or indirectly from the provision of incorrect information to the SA HIV Clinicians Society, and I acknowledge the right of the SA HIV Clinicians Society to remove from the service provider directory any information which is found to be incorrect or misleading.

I accept the terms and conditions
By checking this box, I accept the terms and conditions of the inclusion of my details in the SA HIV Clinicians Society provider directory. The Society reserves the right to remove the particulars of any service provided at any time without providing reasons and to remove the directory from the website, within its sole and absolute discretion and without reference to or recourse for anyone on the list. The information in the directory is provided as a public service and at the providers own risk. The Society is not liable to the misuse of this information by third parties.

**Please fax completed form to 011 728 1251 or email to admin@sahivsoc.org.
Thank you for enrolling in the directory. Visit www.sahivsoc.org to view the directory online.**

