## SANA New Membership Form 2023

I hereby apply for personal membership to the South African Naturopathy Association (SANA)

* Required				
1.	Full Name *			
2.	Date of birth *			
	Example: January 7, 2019			
3.	Age *			
4.	Place of birth			
5.	ID/passport number *			

6.	Home or Practice address (including province and postal code) *
7.	Telephone number
8.	Cellphone number *
9.	AHPCSA registration number *
10.	BHF practice number
11.	All qualifications, year obtained and institution *

Areas of special interest or practice
FOR THE WEBSITE: In what area do you practice, and what phone number and emai address can people use to get in touch with you?
address can people use to get in touch with you?  Annual membership fees 2021 - please choose appropriate choice *
address can people use to get in touch with you?  Annual membership fees 2021 - please choose appropriate choice *  ^^ copy of ID required - please upload in the next question
address can people use to get in touch with you?  Annual membership fees 2021 - please choose appropriate choice *
address can people use to get in touch with you?  Annual membership fees 2021 - please choose appropriate choice *  ^^ copy of ID required - please upload in the next question
Annual membership fees 2021 - please choose appropriate choice *  ^^ copy of ID required - please upload in the next question  Mark only one oval.  R800 for practitioners; R700 if paid before 28 February 2023  R600 for practitioners over 65 years of age; R500 if paid before 28 February 2023
Annual membership fees 2021 - please choose appropriate choice *  ^^ copy of ID required - please upload in the next question  Mark only one oval.  R800 for practitioners; R700 if paid before 28 February 2023

16.	Copy of ID			
Files submitted:				
17.	How will you be paying?			
	Payment information in the next question			
	Mark only one oval.			
	EFT/internet banking			
	LF 1/IIIternet ballking			
Payn	nent information			
IF YO	U NEED POST/HAND DELIVER DE	TAILS, PLEASE EMAIL USING THE EMAIL ADDRESS BELOW		
Payn	ment information			
	:	:		
		BANK DETAILS:		
	ABSA	- Account # 4064855259		
		Branch 6960		
		Cape Town		
		r to email your proof of payment to: naturopathy@gmail.com		
18.	By filling in today's date, I declare my details stated within this document are correct and			
	binding			
	Example: January 7, 2019			

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