



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 Psychiatry Management Group Limited (the Company), 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 Company, with a view to maximising the potential synergistic and rationalisation benefits for each member. I acknowledge that the Articles of Association of the Company 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 Company will also entitle me to membership of South African Private Practitioners Forum (SAPPF) & South African Society of Psychiatrists (SASOP).

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	Fulltime Private Practice <input type="checkbox"/> Limited Private Practice <input type="checkbox"/> Public Service & Very Limited Private Practice <input type="checkbox"/>	
SUB-SPECIALTY		

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