



Committed to oral health

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APPLICATION FOR MEMBERSHIP

| DESCRIPTION | PLEASE COMPLETE USING BLOCK CAPITALS AND BLACK INK |
|--------------------------------------|--|
| SURNAME | |
| INITIALS | |
| TITLE | |
| ID NUMBER | |
| HPCSA NUMBER | |
| SADA CATEGORY** | |
| BRANCH | |
| SPECIALITY IF ANY | |
| DPL GRADE | |
| DPL NUMBER | |
| POSTAL ADDRESS | |
| POSTAL ADDRESS | |
| POSTAL ADDRESS | |
| POSTAL CODE | |
| PHONE (INCLUDING DIALLING CODE) | |
| FAX (INCLUDING DIALLING CODE) | |
| CELLULAR NUMBER | |
| E-MAIL | |
| VAT NUMBER | |
| PRACTICE NUMBER | |
| PRACTICE AREA | |
| SPECIAL GROUP (MEMBERSHIP IF ANY) | |
| QUALIFYING UNIVERSITY | |
| QUALIFYING DEGREE | |
| QUALIFYING YEAR | |

****SADA MEMBERSHIP CATEGORY DECLARATION:**

Please select your category requirement in the table below by ticking the relevant category.

| CODE | DESCRIPTION | RATE |
|----------------|--|-----------|
| AFF | Affiliate or Associate Members | R939.36 |
| ALM | Allied Members | R639.54 |
| FAG | First Year after Graduation | R542.64 |
| FSE | Full time Salaried Employment in Public or Private Sector [including a member who is in full-time post-graduate student at a Dental Faculty, or a member is in full-time employment in an administrative capacity in the private sector] | R1410.18 |
| JOS | SADJ Non-resident Subscription | R2018.00 |
| JSA | SADJ South African Subscription | R1629.00 |
| JSAFREE | SADJ Free Subscription to Industry, and Libraries | No Charge |
| MPP | Members in Private Practice (including a practitioner receiving salary or commission for his/her services [whether from private practitioner employer or private or public hospital or commercial health care provider]) | R2104.44 |
| OLD | Members over 70 years at the beginning of the financial year (30th September) | R0.00 |
| RET | Members no longer engaged in active practice (retired) | R61.56 |
| SAG | Second Year after Graduation | R867.54 |
| TAG | Third Year after Graduation | R1299.60 |
| UDS | Under-graduate Dental Student – from 3 rd year of study for the duration of their under-graduate status. | R115.14 |

PLEASE NOTE

A dentally qualified husband and wife paying the total capitation fee applicable to their categories enjoy a discount of 25%. SADA retains the sole discretion to determine capitation in special or unusual cases.

SPECIAL GROUP CATEGORY SELECTION

Please select the Special Group you wish to belong to in the table below by ticking the relevant block.

| CODE | DESCRIPTION | RATE |
|--------|---|--------|
| ENDO | ENDODONTIC SOCIETY OF SOUTH AFRICA | R35.00 |
| MFOS | SOCIETY OF MAXILLO FACIAL ORAL SURGEONS | R50.00 |
| PAEDO | PAEDODONTIC SOCIETY OF SOUTH AFRICA | R60.00 |
| PERIO | PERIODONTIC SOCIETY OF SOUTH AFRICA | R50.00 |
| PERIOS | PERIODONTIC SPECIALISTS SOCIETY OF SOUTH AFRICA | R75.00 |
| PROSSA | PROSTHODONTIC SOCIETY OF SOUTH AFRICA | R60.00 |

BRANCH CATEGORY SELECTION

Please select the branch you wish to belong to in the table below by ticking the relevant block. Please note that according to the SADA Constitution it is compulsory to belong to a Branch.

| CODE | DESCRIPTION | RATE |
|------|-------------------------------|---------|
| AM | ALGOA MIDLANDS BRANCH OF SADA | R70.00 |
| BK | BORDER KEI BRANCH OF SADA | R105.00 |
| FS | FREE STATE BRANCH OF SADA | R150.00 |
| GS | GAUTENG SOUTH BRANCH OF SADA | R80.00 |
| KZN | KWAZULU NATAL BRANCH OF SADA | R350.00 |
| LIMP | LIMPOPO BRANCH OF SADA | R370.00 |
| MP | MPUMALANGA BRANCH OF SADA | R160.00 |
| NCP | NORTHERN CAPE BRANCH OF SADA | R60.00 |
| NW | NORTH WEST BRANCH OF SADA | R150.00 |
| PTA | PRETORIA BRANCH OF SADA | R275.00 |
| WCP | WESTERN CAPE BRANCH OF SADA | R300.00 |

Please indicate by ticking the relevant block whether you wish to make an annual voluntary contribution to the Benevolent Fund

| BENEVOLENT FUND | A voluntary annual contribution of R100 | YES | NO |
|-----------------|---|-----|----|
| | | | |

Please indicate by ticking the relevant block whether you wish to utilize the annual CPD Journal Questionnaire marking facility

| CPD | Annual Fee of R150 | YES | NO |
|-----|--------------------|-----|----|
| | | | |

I hereby declare that the correct membership category has been chosen by me. I accept the right of the Association to correct my membership category, if necessary, and I undertake and accept to pay any revised membership fees that may be due.

I hereby apply for membership of the South African Dental Association and I agree and accept to conform to the Constitution of the Association, any Branch or Special Group to which I shall belong. I shall also conform to standing orders, by-laws and directions of the Association available from Head Office. The Articles of Association require members to notify the Association, in writing, if they wish to cease membership.

I undertake to pay all membership fees and levies on due date.

SIGNED..... DATE.....

FOR EASE OF PAYMENT THE FOLLOWING DEBIT ORDER INSTRUCTION MAY BE COMPLETED

The details of my/our bank are as follows:

| | | | | | | | | | | | | |
|---------------------|---------|---------|--------------|-------|--|--|--|--|--|--|--|--|
| BANK: | | | | | | | | | | | | |
| BRANCH NAME & TOWN: | | | | | | | | | | | | |
| BRANCH NUMBER: | | | | | | | | | | | | |
| ACCOUNT NUMBER: | | | | | | | | | | | | |
| TYPE OF ACCOUNT: | CURRENT | SAVINGS | TRANSMISSION | OTHER | | | | | | | | |

I hereby authorize the South African Dental Association to electronically collect a single payment not exceeding the amount of R.....via the ACB system using the information provided, and details of this will appear on my bank statement. I also irrevocably authorise the South African Dental Association to reverse any erroneous transaction and/or to rectify any electronic transfer of funds error without prior notice. I agree to pay any charges related to unpaid returned items.

ACCOUNT HOLDERS MEMBERSHIP NO:.....

SIGNATURE.....Date:.....

CHEQUE PAYMENTS:

- Please write your membership number on the reverse of your cheque when paying by cheque.

**PLEASE FAX THIS COMPLETED APPLICATION FOR MEMBERSHIP TO
086 683 0392 to enable an electronic record to be stored
or to (011) 484-0660**