

Application for membership

The above Society is affiliated with the World Gastroenterology Organisation (WGO) and the South African Medical Association (SAMA). The following are eligible for membership:

Any medical practitioner who is registered with the Health Professional Council of SA (HPCSA) and (tick one or more of the following)

- His/Her professional practice is confined to the practice of diseases of the digestive system, or;
- He/She is a physician, surgeon, paediatrician, pathologist or radiologist largely engaged in digestive system diseases or has made a special contribution to this, or;
- The nature of his/her practice is such as to give him/her a special interest in the subject of Gastroenterology or Hepatology.

If you feel that the above conditions apply to your practice and interest, please complete the following application form, including the signatures of two members of the Society as sponsors.

NB. Please also attach an abbreviated CV (one page) to your application.

Last name:		Title:
First name(s):		
Postal Address:		
		Postal Code:
Phone: () (work)	()	(home)
Cell Phone:		
Fax: ()	E-mail:	
Degrees held:		
Speciality:		
HPCSA registration No:	Practice No:	SAMA member Y / N

Evidence to satisfy conditions of admission:

Sponsor 1. Signatures:	2.
Sponsor Names in print	
Applicant Signature:	Date:

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