

## 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.**

Surname		Title
First name(s)		Date of Birth
Practice Address		
		Postal Code
Postal Address		
		Postal Code
Cell Phone	Work Phone (      )	
Degrees	E-mail	
Speciality:    General Practitioner <input type="checkbox"/> General Physician with an interest in gastroenterology <input type="checkbox"/> Medical Gastroenterologist <input type="checkbox"/> General Surgeon with an interest in gastroenterology <input type="checkbox"/> Surgical Gastroenterologist - HPB <input type="checkbox"/> Surgical Gastroenterologist - Colorectal <input type="checkbox"/> Paediatric Gastroenterologist <input type="checkbox"/> Scientist <input type="checkbox"/> Dietician <input type="checkbox"/> Other <input type="checkbox"/> .....		
HPCSA Registration Number	Practice Number	SAMA member    Y / N

**Evidence to satisfy conditions of admission:**

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

**The annual subscription is R750 plus R750 private practice levy (if applicable). International Members & Trainees are offered a discounted subscription of R650. Banking details: SAGES, Account No: 711262474, ABSA Bank, Branch code:632005 SwiftCode: ABSAZAJJ. Email application form, CV and copy of bank deposit slip to [karin.fenton@uct.ac.za](mailto:karin.fenton@uct.ac.za) [www.sages.co.za](http://www.sages.co.za)**