

**SAGS 2023 Membership Form**

Name: .....

Qualifications: .....

MP number: .....

SAMA number: .....

Practice number: .....

Practice type and address:.....

.....

.....

.....

Contact details:

Landline: .....

Cell: .....

Fax: .....

Email: .....

Annual membership fee of R300.00 payable into SAGS account.

**PLEASE NOTE OUR NEW BANKING DETAILS:**

Account name: SA Geriatric Society

Bank: Investec Bank Limited

Branch Code: 58 01 05

Type of Account: Current Account

Account Number: 10012911350

Please use your name as a reference.

Please note that unfortunately at present we are only able to accept applications from Medical Practitioners, due to regulatory requirements.

Please email the completed form and proof of payment to [drlesinclair@gmail.com](mailto:drlesinclair@gmail.com).  
Contact me if a fax number is required.

Welcome to our society!