

SAGS 2026 Membership Form

Name:
 Qualifications:
 HPCSA number:
 Practice number:

Practice type and address:.....

Contact details:
 Landline:
 Cell:
 Fax:
 Email:

Please tick the appropriate box:

Annual membership fee for **Medical Practitioners** of **R500.00** payable into SAGS account.

Annual membership fee for **Allied Health Care Professionals (non-voting members)** of **R350.00** 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 email the completed form and proof of payment to:
 anu.mathew1@wits.ac.za

Welcome to our society!