



MEMBERSHIP APPLICATION FORM

A. General Information

PSSA Number:	<i>FOR OFFICE USE</i>		SAPC Registration Number:	<i>COMPULSARY</i>		
ID-Number:		Sex:	Male		Female	
Date of Birth:		Maiden name: (if applicable)				
Surname:		Nickname:				
Full names:		Title:				
Race:	<input type="checkbox"/> African <input type="checkbox"/> Asian <input type="checkbox"/> Coloured <input type="checkbox"/> Indian <input type="checkbox"/> White					
Postal Address:			Name of Employer:			
			Registration number of Pharmacy:			
			Owner detail:			
			Responsible Pharmacist detail:			
	Postal code:		PSSA number of spouse: (if applicable)			
Province:			*Branch:			
Home telephone number:			Facsimile number:			
Business telephone number:			Cell phone number:			
E-mail address:						

*Please note that it is possible to work in the geographic area of one branch and live in the geographic area of another branch. In a case like this, you would be free to choose membership of either branch.

Please select a primary sector for your membership. This may be either the sector in which you work or it may be a sector in which you have a particular interest.

B. Primary sector

Community Pharmacy

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Community Pharmacists Sector has a voluntary sector fee:

Ordinary Pharmacists

Pharmacists older than 65 years / retired; Pharmacist's Assistants

Non-Practising Pharmacists; International Associate

Interns; Community Service Pharmacists

Please indicate (✓)

R650.00 /year		R54.17 /month	
R350.00 /year		R29.17 /month	
R250.00 /year		R20.83 /month	
R150.00 /year		R12.50 /month	

Hospital and Institutional Pharmacy

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Industrial Pharmacy

☐

Pharmaceutical Sciences or Academia

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If you are interested in more than one sector, please select an additional sector for affiliation. Please note that an additional affiliation fee will be charged.

C. Affiliation required (additional R50.00 per annum)

Community Pharmacy

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Hospital and Institutional Pharmacy

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Industrial Pharmacy

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Pharmaceutical Sciences or Academia

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I hereby make application for membership of the Society and in so doing undertake, upon admission, to abide by the Constitution, Codes of Practice and Ethics, Rules and Regulations of the Society, and of any branch or sector of the Society in which my membership may from time to time be located – as currently in force and as may from time to time be amended.

Please enclose a passport size photograph for your membership card or e-mail it to: sinah@pharmail.co.za

Please tick the appropriate category

D. Membership Fees – VAT Inclusive (01/10/2019 – 30/09/2020)

Membership	Yearly Fee	Monthly Debit Order
Ordinary Pharmacist	R2 088.00	R174.00
First Time Member *Applying during the year, fees will be calculated pro rata	R1 050.00	R87.50
Retired or older than 65 years	R1 050.00	R87.50
Exempted or older than 70 years	-	-
Community Service Pharmacist	R1 050.00	R87.50
Intern	R1 050.00	R87.50
Non-Practising Pharmacist	R1 566.00	R130.50
Associate Membership		
B. Pharm Student / Pharmacy Technician Student	-	-
Pharmacy Technician Trainee	-	-
Academic Intern	-	-
Pharmacist's Assistant	R1 050.00	R87.50
Pharmacy Technician	R1 050.00	R87.50
Non-Pharmacist	R1 050.00	R87.50
International / Non-Resident	R2 088.00	R174.00
Additional Fees		
Sectoral Fee – SAACP (VOLUNTARY)	See previous page for fees	
Mpumalanga Branch Fee	R180.00	R15.00
Sector Affiliation	R50.00	R4.17

E. Method of Payment

Title: _____ Initials: _____ Surname: _____ PSSA no.: _____

DEBIT ORDER AUTHORISATION:

I, _____, hereby authorise the PSSA to debit my bank account with the applicable fees as per the Payment Term and Date indicated below:

Account Type: Savings ☐ Transmission ☐ Cheque ☐ **Payment Terms:** Monthly ☐ Yearly ☐

Payment Date: 1st ☐ 15th ☐ (or on the first business day thereafter)

Bank name:

Branch name:

Branch code:

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Account number:

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PSSA BANKING DETAILS:

Bank:	Standard Bank	Branch:	Lynnwood Ridge
Branch Number:	051001	Account Number:	013045148

Please fax the completed form and deposit slip to: 086 6159830 or e-mail: sinah@pharmail.co.za

SIGNATURE

DATE