



SATS

South African Theatre Nurse
operating and trading as South African Theatre Sister

APPLICATION MEMBERSHIP: 1/1/2010-31/12/2010
FEE PER ANNUM – R200\ OVERSEAS MEMBERS R280.00 P.A.

SATS Membership No. New member : Yes No

Recruited by (SATS No.)..... **Region**.....

N.B.: Honorary & Free members – no payments to be done – only updating of data

ADDRESS: De Wetstraat 5, Soneike, Kuilsrivier, Tel/Fax 021 903 4843,
E-mail: s.a.t.s@mweb.co.za

Complete in full using capital letters and mail by: 31 January 2010

Surname Initials..... Mr\ Mrs\ Miss\ Other
(Capital letters – please)

Postal address:

..... Code.....

Tel.(W)(H) Fax\ e-mail

In which province do you work and attend meetings (Mark with X)

Western Cape	<input type="checkbox"/>	Free State	<input type="checkbox"/>
Gauteng	<input type="checkbox"/>	Northern Cape	<input type="checkbox"/>
Eastern Cape	<input type="checkbox"/>	Northern Province\ Pret.	<input type="checkbox"/>
Mpumalanga	<input type="checkbox"/>	Kwa-Zulu Natal	<input type="checkbox"/>
North West	<input type="checkbox"/>	Other	<input type="checkbox"/>

Work Place:

Hospital.....**Department**.....

Designation:.....**Other:**.....

Professional Qualifications:

Diploma in Operating Theatre Nursing Science:

Yes	No	Student
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P\order	<input type="checkbox"/>	Cheque	<input type="checkbox"/>	Cash	<input type="checkbox"/>	Bank deposit	<input type="checkbox"/>
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SIGNATURE:**DATE:**.....

!!!! MOST IMPORTANT

BANK DETAILS: SATS, ABSA Bank 404 095 2627 BRANCH CODE: 632 005 (INSERT NAME AND MEMBERSHIP NO.in the reference block please)

FAX\POST DEPOSIT SLIP TO ABOVE ADDRESS OR FAX: +27 021 903 4843 –
PLEASE NOTE THAT DEPOSIT SLIP MUST INDICATE YOUR NAME AND M\SHIP NUMBER CLEARLY