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WEB: <http://medphys.up.ac.za/samps>

MEMBERSHIP APPLICATION FORM

1. **Name of Applicant:** Prof./Dr./Mr./Ms.

SURNAME: _____

CHRISTIAN NAMES: _____

2. **Academic Qualifications:**

Degrees & Diplomas	University / Institute	Date acquired	Subjects

3. **Adress:**

Office (Tel: _____) Home (Tel: _____)

Email (_____)

4. **Previous experience in Physics or Engineering applied to Medicine:**

Period	Institute	Type of Work

**Member of the SA ASSOCIATION OF PHYSICISTS IN MEDICINE AND BIOLOGY, and the
INTERNATIONAL ORGANIZATION FOR MEDICAL PHYSICISTS
Lid van die SA VERENIGING VAN FISICI IN GENEESKUNDE EN BIOLOGIE en die
INTERNASIONALE ORGANISASIE VIR MEDIËSE FISIKA**

5. a) Current Position: _____

b) Where: _____

6. Current membership status: Member / Associate member / None

7. Type of membership being applied for:

Member	
Associate member	
Student member	
Retired member	

8. a) Are you registered at the SAMDC? Yes/No

b) If answer to (a) is yes, give::

(i) Number of registration certificate: _____

(ii) Date of registration _____

(iii) Is your certificate endorsed as “Radiation Medical Physicist”?

Yes/No

9. ***Introducer:** Name: _____

Signature: _____

***Secondant:** Name: _____

Signature: _____

10. **Declaration by applicant:**

I, the undersigned, herewith declare that all the information given above is correct and that I abide by the constitution of the Society.

Date: _____ Signature: _____

*Must be current members of the Society.

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