



**The South African Society of
Obstetricians and Gynaecologists**

P O Box 2127, Cresta, Johannesburg, 2118

In Association with

The Gynaecology Management Group

317 Umdoni Village; PO Box 300; Pennington; 4184

Tel: 082 5538201 email:secretariat@sasog.co.za



SASOG-GMG MEMBERSHIP APPLICATION / RENEWAL 2023

I, the undersigned, _____

ID: _____ SASOG membership number: _____ hereby apply for:

RENEWAL of my membership for 2023 **OR**

NEW membership for 2023

I apply for SASOG membership (Public practice only)

I apply for SASOG GMG membership ((Any) Private sector)

I understand that the decision on which membership category I choose is my decision alone.

SIGNED at _____ this _____ day of _____ 2023

Signature _____

NOTE:

Membership information, to be completed by the applicant (or each partner in the event of a group practice). The information below is necessary in order to prepare a complete members database. Please complete in full.

TITLE		
SURNAME		
FIRST NAMES		
POSTAL ADDRESS		
PRACTICE / PHYSICAL ADDRESS		
PRACTICE NAME		
Sponsors require us to indicate the following fields for the purposes of BBBEE certification:	PRACTICE NUMBER (BHF),(PCNS)	HPCSA REGISTRATION NUMBER
	ID Number:	
	Gender:	
Race:		
EMAIL ADDRESS – PERSONAL:		
EMAIL ADDRESS – ACCOUNTS:		
PRACTICE TELEPHONE NO:	CELLULAR NO:	VAT REGISTRATION NUMBER:
MEMBERSHIP TYPE: Inclusive of VAT @ 15%	Private Sector @ R 875.00 per month (Incl. VAT) Public Sector @ R 316,25 per month (Incl. VAT) Registrars and Overseas - No Fees	

SASOG Executive Council: Dr Haynes van der Merwe (President), Dr Malikhah van der Schyff (Honorary Secretary), Dr Rajesh Gangaram (Honorary Treasurer), Prof Greta Dreyer (Past President), Prof Priya Soma-Pillay (Past Honorary Secretary), Dr Conrad Mashiloane

GMG Executive Management Committee: Dr Conrad Mashiloane, Dr Jean-Pierre du Buisson, Dr Malikhah van der Schyff

Written Authority and Mandate for Debit Payment Instructions

This signed Authority and Mandate refers to our contract dated _____ ("the Agreement").

I/We hereby authorize you to issue and deliver payment instructions to your Banker for collection against my/our above-mentioned account at my/our below-mentioned Bank (or any other bank or branch to which I/we may transfer my/our account) on condition that the sum of such payment instructions will never exceed my/our obligations as agreed to in the Agreement and commencing on _____ and continuing until this Authority and Mandate is terminated by me/us by giving you notice in writing of not less than 20 ordinary working days, and sent by prepaid registered post or delivered to your address as indicated above.

The individual payment instructions so authorized to be issued must be issued and delivered monthly.

In the event that the payment day falls on a Sunday, or recognized South African public holiday, the payment day will automatically be the very next ordinary business day. Payment Instructions due in December may be debited against my account on _____ (date).

I/We understand that the withdrawals hereby authorized will be processed through a computerized system provided by a third party through GMG. I also understand that details of each withdrawal will be printed on my bank statement. Such must contain a number which is your practice number, which must be included in the said payment instruction and if provided to me should enable me to identify the Agreement.

Mandate: I/We acknowledge that all payment instructions issued by you shall be treated by my/our below-mentioned Bank as if the instructions have been issued by me/us personally.

Cancellation: I/We agree that although this Authority and Mandate may be cancelled by me/us, such cancellation will not cancel the Agreement. I/We shall not be entitled to any refund of amounts which you have withdrawn while this Authority was in force, if such amounts were legally owing to you.

Assignment: I/We acknowledge that this Authority may be ceded or assigned to a third party if the Agreement is also ceded or assigned to that third party, but in the absence of such assignment of the Agreement, this Authority and Mandate cannot be assigned to any third party.

You will be notified within 30 days of the next debit order payment of any fee increases for your membership.

Your debit order will then automatically be adjusted to reflect these increases.

Payment to (Company name) Registered abbreviated company name	South African Society of Obstetricians and Gynaecologists (SASOG) and GMG (Gynaecology Management Group)
Name of account holder	
Address of account holder	
Practice number	
Banking details	
Name of Bank	Type of Account
Branch Name	Branch code
Account number	Monthly amount: <input type="checkbox"/> R 875.00 <input type="checkbox"/> R 316,25

Signed at _____ on this _____ day of _____

(Signature as used for operating on the account)

Please ensure you complete the membership application form AND the written authority for debit order payment instructions. Please email completed form with proof of banking details. to secretariat@sasog.co.za

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