



APPLICATION FORM FOR MEMBERSHIP (2019)

I HEREBY APPLY FOR MEMBERSHIP OF WOMBS SOUTH AFRICA.
I AGREE TO ABIDE BY THE SCOPE OF PRACTICE AND CODE OF ETHICS WOMBS

PERSONAL DETAILS : (PLEASE USE BLOCK LETTERS or TYPE)

SURNAME			
FIRST NAMES			
DATE OF BIRTH		ID NO	
POSTAL ADDRESS			
		POSTAL CODE	
PHYSICAL ADDRESS			
		POSTAL CODE	
TELEPHONE	HOME		CELL
EMAIL			

QUALIFICATION DETAILS:

DATE OF QUALIFICATION	
TRAINED WITH	
ADDITIONAL THERAPIES/PROFESSIONS	

BANKING DETAILS FOR INTERNET BANKING/DIRECT DEPOSITS

ACCOUNT HOLDER:	WOMBS
BANK:	FNB Account (Somerset Mall)
BRANCH NO.:	250655
ACCOUNT NO.:	62226802660

MEMBERSHIP FEES	R400
LATE PAYMENT	R50

**NB: PLEASE INCLUDE A REFERENCE ON YOUR PAYMENT (YOUR INITIALS & SURNAME - SUBS)
PLEASE EMAIL APPLICATION FORM, PROOF OF PAYMENT AND A COPY OF YOUR CERTIFICATE
TOGETHER WITH YOUR SIGNED COPY OF SCOPE OF PRACTICE AND CODE OF ETHICS TO:
info@wombs.org.za**

SIGNED: DATE:

FOR OFFICIAL USE ONLY:

RECEIPT NO: DATE OF RECEIPT.....