

SOUTHERN AFRICAN NEUROLOGICAL REHABILITATION ASSOCIATION

E-mail: sachbp@yahoo.co.uk
www.sanra.org



GROUP MEMBERSHIP APPLICATION FORM

Group Name: _____

Names of units within group included in membership:

Amount paid (if selected a website combined option, please specify):

Membership form completed by: _____

Designation within group: _____

Place of employment: _____

Postal address: _____

Email address: _____

Contact telephone numbers: _____

HPCSA number (if applicable): _____

Banking details: Southern African Neurological Rehabilitation Association
Standard Bank, Sandton Branch. Branch code 019205

Account number 421 001 305. Please use your group name as a reference.

Receipt number (if applicable): _____

Please fax a proof of payment, together with the above form to 086 642 8082 or email it to sachbp@yahoo.co.uk.