

**RURAL DOCTORS ASSOCIATION  
OF SOUTHERN AFRICA  
2005 Membership form**



NAME: .....

ADDRESS:.....

POSTAL CODE:.....

TELEPHONE: (    ).....

EMAIL:.....

Would you prefer to receive future correspondence via e-mail? YES/NO

**NATURE OF WORK (please tick)**

- Medical student
- Community Service
- Medical Officer
- Family Physician (Public Service)
- Private General Practitioner/Family Physician
- Specialist in Government Service
- Specialist in Private Practice
- Medical Superintendent
- Other .....

**SPECIAL INTERESTS**

.....  
.....

**ARE YOU A SAMA MEMBER?**

- Yes
- No

**MEMBERSHIP FEE: R100 per year**

Cheque included

Paid into RUDASA bank account (deposit slip included)

(RUDASA Savings Account at Standard Bank, Brits Branch, Branch No 052546,  
Acc No 130987891)

SIGNATURE:.....

DATE:.....

Please send to: Dr HOFFIE CONRADIE, The Secretary: RUDASA, Private Bag X3058,  
Worcester, 6849

e-mail: [shawcon@imaginet.co.za](mailto:shawcon@imaginet.co.za)