

**RURAL DOCTORS ASSOCIATION OF  
SOUTHERN AFRICA**

**Membership form: Aug 2008 - Aug 2009**

[www.rudasa.org.za](http://www.rudasa.org.za)



NAME: .....

ADDRESS: .....

POSTAL CODE: .....

TELEPHONE: (        ). .....

EMAIL: .....

**Would you prefer to receive future correspondence via e-mail?**

YES                       NO

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**NATURE OF WORK** (please tick)

- Allied health professional
- Community service officer
- Family physician (public service)
- Intern
- Medical officer
- Medical student
- Private general practitioner / family physician
- Specialist in government service
- Specialist in private practice
- Other .....

**ARE YOU A SAMA MEMBER?**

Yes                       No

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**MEMBERSHIP FEE:**

*R100 per year, R50 for students, interns and allied health professionals*

Cheque included                       Paid into RUDASA bank account (deposit slip included)

**BANK DETAILS:** RUDASA Cheque Account at Standard Bank, Gale Place Branch, Acc No 052-932-109

SIGNATURE:.....

DATE:.....

*Please send membership form and proof of payment to:*

The Secretary - RuDASA

c/o Ukwanda Centre for Rural Health, Stellenbosch University, PO Box 19063, Tygerberg, 7505

Tel#: (+27) 21 938 9108

Fax#: (+27) 21 931 4220

Email: [RudasaOffice@gmail.com](mailto:RudasaOffice@gmail.com)