



Please complete and submit this membership form to join AFEM.

Upon receipt of a successful application, you will receive an email confirming your membership.

AFEM is committed to ensuring the privacy of your personal information, as per our Privacy Policy; we do not share your personal information with third parties.

APPLICATION FOR INDIVIDUAL MEMBERSHIP

Please provide all applicable information.

PERSONAL INFORMATION

Name (First, Middle, Last)			
Title (MD , RN, PHD, MPH , Other)			
Birth date (dd/mm/yyyy)	Country of Citizenship	<input type="checkbox"/> Male	<input type="checkbox"/> Female
E-mail Address <i>(AFEM require a valid e-mail address for communication purposes.)</i>			
How did you hear about AFEM?			
Street/number			
City/Country			
Telephone (please include country/area code)		Fax (please include country/area code)	
Business Name			
Street			
City/Country			
Telephone (please include country/area code)		Fax (please include country/area code)	
Hospital/ Facility Name			
Street			
City/Country			

President: Prof Lee A Wallis lewallis@pgwc.gov.za

Vice-President: Dr Conrad Buckle

Secretary: Dr Charles Otieno

www.afem.info

Private bag X24, Bellville, 7535, South Africa



EDUCATIONAL INFORMATION	
Medical School / University/ College of study:	City/Country
Emergency Medicine Residency / Other Post Graduate Studies City/Country	Dates
Fellowship/Hospital City/Country	Specialty Dates
Graduation Date	
Telephone (please include country/area code)	Fax (please include country/area code)

PROFESSIONAL INFORMATION
Certifying Board <i>(if applicable)</i>
Certification Specialty <i>(if applicable)</i>

MEDICAL LICENSURE INFORMATION
Professional License Number

SIGNATURE

My signature certifies that the information contained in this application is true, and is an indication of my desire to become a member of the African Federation for Emergency Medicine (AFEM). I agree to abide by its Bylaws, and to accept responsibility for any dues which may be assigned for as long as I continue membership and as determined by AFEM Board.

Signature :

Date:

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INDIVIDUAL MEMBERSHIP FEES

Full Member \$15
Associate membership \$8

Please deposit into South African held account:

Account Name: EMSSA
Bank: Standard Bank
Branch: Northcliff Branch
Branch Code: 006-305
Account No: 200-491-350
Reference: (AFEM -Your Surname)
Swift code: [SBZAZAJJ](#)

FAX YOUR COMPLETED APPLICATION WITH PROOF OF PAYMENT TO +27 21 9497925 or email admin@afem.info

ALTERNATIVELY, MAIL THE FORM WITH PROOF OF PAYMENT TO:

African Federation for Emergency Medicine
Member Services Department
Private Bag X24,
Bellville, 7535
Cape Town, South Africa

For additional information:

Visit: www.AFEM.info
Call: +27 79 7800 208
E-mail: admin@AFEM.info

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