



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 ORGANISATIONAL MEMBERSHIP

Please provide all applicable information.

A	Organisation Contact Information	
1	Registered Name of organisation	
2	Mailing Address	
3	Country	
4	Organisation email	
5	Phone number <i>(incl country and area code)</i>	
6	Fax number <i>(including country and area code)</i>	
7	Website address	
8	Contact person	
9	MEMBERSHIP CATEGORY applied for	
B	About Your Organisation	
10	What year was your organisation established?	
11	Current president/chairperson	
12	Is there a charter/by-laws reflecting its goals?	
13	How many members does your organisation have?	
14	What member categories does your organisation have?	
15	What categories of health care workers are members of your organisation?	
16	Brief History of your organisation	

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



C	About Emergency Medicine in your country	
17	Is Emergency Medicine a speciality in your country?	
18	Are there other organisations representing emergency care in your country?	
	If yes, please give details	
19	Is there a recognised Emergency Physician training program in your country?	
20	Which organisation is responsible for running this program?	
C	Details of the person who will represent your organization in AFEM matters (if successful application)	
21	Representative Name	
22	Position in organisation	
23	Mailing address	
24	Email address	
25	Contact number (incl country and area code)	

***Please supply supporting documentation eg. Organizational charter, minutes of AGMs where available**

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SOCIETY MEMBERSHIP FEES

Member Societies:

These are local, regional or national societies or interest groups in Africa involved or invested in Emergency Care in Africa. These societies pay membership fees and their members are entitled to access AFEM resources. Member Societies each have one seat on the board with voting rights.

Full Member : \$80 plus \$1 per individual member

Ex-Officio Societies:

These are organisations or groups involved or interested in emergency care in Africa who are invited or apply to be part of the federation. Nominations for invitation may be put forward by any full member. Ex-Officio status will be decided on merit by the executive committee. These societies do not have to pay AFEM membership fees but may be asked to sponsor projects in AFEM depending on their resources. Ex-Officio Societies may sit on boards and committees but have no voting rights. No costs related to conferences or meetings will be covered by the federation.

Ex-Officio members : No Cost

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 Organisation Name)
Swift code: SBZAJJ

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

Please note: Additional documentation supporting the category for which the application is made may be provided. The deadline to submit such applications will be at least 90 days prior to an agreed upon regular meeting (see website calender).

For additional information:

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

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