

## 1. APPLICATION FOR MEMBERSHIP

Full Name..... Surname .....

Practice Name ..... HPCSA No. MP.

Practice VAT No.

Postal Address .....

Tel. W.         Fax.

Email..... Cell.

Applicant Signature ..... Date.   -   -

Please fax completed application together with proof of payment to **086 649 2355**

ABOVE DETAILS WILL BE AVAILABLE ON THE SAGS WEBSITE [www.sags.co.za](http://www.sags.co.za)

## 2. MEMBERSHIP FEES FOR 2009

Private Practice Fee	R 750.00 per annum
Academic / Full Time	R 500.00 per annum
Registrars	R 300.00 per annum

## 3. WHY BECOME A MEMBER?

- Reduced Congress Rates
- Quarterly Gonio Magazine
- Summary of Congress Presentations
- Download your own CPD Certificate
- Internet Link to World Glaucoma Society
- Free Membership to World Glaucoma Association
- International Glaucoma Review - Abstract and Reviews of Glaucoma Literature
- Access to Secured Sectors on the SAGS Website