



The Diabetes Education Society of South Africa



DESSA Membership Form - 1st April 2018- 31st March 2019

Please complete this form and email it to Laila Martah Email: dessa.national@dessa.org.za

Please ensure that all fields are legibly completed before you send the form

Annual membership fee of R100.00

First Name		Surname	
ID Number		Tel Number(w)	
Practice Address including postal code		Postal Address including postal code	
Cell number		Email address	
Profession e.g. Nurse/Dietician		Professional number	
Specialisation-e.g. Paeds/Gestational Adult/Pumps		PCNS/BHF No	
Diabetes course attended and year		Hours of work in Diabetes per week	
Are you a SEMDSA member		Current DESSA membership no	

It is very important that you use your **Name and Surname** as reference when paying so that we can identify your payment.

New numbering system will be implemented, from 1 April 2017

Terms and Conditions

- The membership fee will be applicable for the period :1ST April 2017 to 31st March 2018
- No membership will be confirmed without payment
- Please ensure all transfers make clear reference to the delegate being paid for (Name and Surname)

Once payment has been made, email proof of payment to Laila at dessa.national@dessa.org.za

Confirmation of payment received will be provided in the form of an official receipt once funds have been received in the DESSA account. Without proof of payment your payment will not be accepted.

Banking details: First National Bank

Account number: 621 394 31837

Account Name: DESSA National

Account type: Savings

Branch code: 200309

Branch Name: Mowbray