



The Diabetes Education Society of South Africa



DESSAMembership Form - 1st April 2020 - 31st March 2021

Please complete this form and email it to Mariaan Marais Email: dessa.national@dessa.org.za
Phone: 0793190887

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

Annual Membership fee: R200-00

First Name		Surname	
ID Number		Tel Number(w)	
Practice Address		Postal Address where post will be sent to	
Postal code		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 if so	

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

Terms and Conditions

- The membership fee will be applicable for the period :1ST April 2020 to 31st March 2021
- 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, proof of payment is to e-mailed through to Mariaan / email [**dessa.national@dessa.org.za**](mailto:dessa.national@dessa.org.za)

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

Banking details: First National Bank

Account number: 621 394 31837

Account Name: DESSA National

Account type: Savings

Branch code: 250655

Branch Name: Mowbray

Branch swift: FIRZAJJ