

MEMBERSHIP APPLICATION FORM / RENEWAL OF MEMBERSHIP



Dental Technology
Association of South Africa
SECTION 21 COMPANY
2005/035340/08

TITLE					
SURNAME					
FIRST NAMES					
ID NO					
LABORATORY ADDRESS					
POSTAL ADDRESS					
OCCUPATION					
DENTASA Membership no.					
LANGUAGE PREFERENCE	ENGLISH				AFRIKAANS
TELEPHONE NUMBERS	HOME				
	WORK				
	FAX				
	CELL				
E-MAIL					
LABORATORY NAME				SIGNATURE	
SADTC REG. NO.				DATE	
LABORATORY OWNER	EMPLOYEE	STUDENT		YEAR	
<p>DENTASA MEMBERSHIP LAPSES ANNUALLY ON 28th FEBRUARY. MEMBERSHIP IS TO BE RENEWED ANNUALLY FROM 1 MARCH, WHEN THE ANNUAL MEMBERSHIP FEE OF R 720.00 for LABORATORY OWNERS R 360.00 for EMPLOYEES R60.00 for STUDENTS is PAYABLE</p>					
<p><u>BANK DETAILS FOR DIRECT DEPOSITS, AND/OR ELECTRONIC PAYMENTS :</u></p> <ul style="list-style-type: none"> ◆ DENTAL TECHNOLOGY ASSOCIATION OF SOUTH AFRICA <ul style="list-style-type: none"> ◆ ABSA BANK, SUNNYSIDE ◆ ACCOUNT NUMBER : 15-0018-4686 ◆ BRANCH CODE: 630345 					
<p>KINDLY RETURN / FAX COMPLETED FORM TO (012) - 460 9481 FOR PROCESSING AND ISSUING OF MEMBERSHIP NUMBER Email: dentasa@absamail.co.za Website: www.dentasa.org.za</p>					

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