



## **Membership Application 2019**

## Documents needed for application for new membership:

- 1. Fully completed personal application form.
- Proof of Aesthetic and Anti-aging trainings attended locally or internationally (certificates)
   Abbreviated CV, HPCSA registration certificate, Practice History, Aesthetic & Anti-Aging experience Membership (Full or Candidate) will be granted after evaluation of the documents by the executive committee. The committee could ask for more details after evaluation of documents. Membership fee should only be paid after approval of application by the committee (Invoice will be issued).

Personal detail	ls:						
Surname							
First Name							
Title				MP Number			
ID Number				HPCSA Number			
Mobile number							
PO Box					Posto	al Code	
Practice Address  1.				Practice Address 2.			
Telephone				Telephone			
Fax				Fax			
Email Address							
Qualifications							
Special Practice or Procedure Interest (s)							
Please indicate the procedures that you perform:		Average amount of the procedures per month	pr	ease indicate the rocedures that you erform:			amount of the ures per month
Botulinum Toxin injections			Sc	lerotherapy			
Dermal fillers			Ski	in rejuvenation			
Chemical Peels				nti-aging consultatio	ns		
Laser and light based treatments				esthetic surgery ocedures			
Mesotherapy				mming/Weight Loss			

Other/ Specify				
Aesthetic and Anti-Aging Medicine Trainings / Co	urse / Workshops attended past 24	months		
Date, Training Title, Institution/Company Training History A:	Training History B:	CPD points		
Training, Course, Workshops 1.	CPD Accredited Education 1.			
2.	2.			
3.	3.			
4.	4.			
5.	5.			
6.	6.			
Any Malpractice/ HPCSA cases against you?	Yes or No			
If yes, provide details -				
Details of yourself and your practice as your public.	ou would like it to appear or	the website to the		
Dr Name & Surname				
Practice Name				
Practice physical address and telephone nur	mber			
Applicant Mobile number				
Applicant Email				
Practice Website				
Social Media (Facebook, Twitter etc.)				

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**ABSA Bank** 

Special interest

Name: Aesthetics and Anti-Aging Medicine Society of South Africa

Acc. Number: 4083544403

Branch: Brooklyn
Branch Code: 635010

Annual Fee 2019: R 1 450

Fax number: +27 086 603 9885 Email: <u>info@aestheticdoctors.co.za</u>