



# ASN

## ANAESTHESIOLOGISTS SOCIETY OF NAMIBIA

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### MEMBERSHIP APPLICATION FORM

PERSONAL DETAILS		
Title	Initials	
Surname	First Name	
Nationality	Gender	
E-mail Address	Cellphone number	
ID / Passport Number	HPCNA Number	Date of Birth

ADDRESS	
Physical Address	Postal Address

**MEMBERSHIP TYPE (circle appropriate choice)**

Full Membership N\$ 1000 p.a.

Associate Membership N\$ 500 p.a.

Associate – Nurse Membership N\$300 p.a.

Corporate Membership

**QUALIFICATIONS****PROFESSIONAL DATA**

Practice / Hospital Name

Practice Type (solo; group)

Practice e-mail

Practice Address

Sector of Practice (private; public; both)

Practice telephone number

**BANKING DETAILS**

First National Bank  
Account number: **62267935925**  
Branch code: 282672 Prosperita  
*E-mail proof of payment to:*  
*namibianaesthesiology@gmail.com*

**POSTAL ADDRESS**

P.O. BOX 8741  
Bachbrecht  
Windhoek  
Namibia