



ASN

ANAESTHESIOLOGISTS SOCIETY OF NAMIBIA

Department of Surgery and Anaesthesia, The University of Namibia, Hage Geingob Campus, Windhoek

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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)
Specialists: Full Membership N\$ 1,500 p.a.(Specialists)
MO, GP: Associate Membership N\$ 750 p.a.
Nurse: Associate Membership N\$350 p.a.
Corporate Membership – On request

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	POSTAL ADDRESS
First National Bank Account number: 62267935925 Branch code: 282672 Prosperita <i>E-mail proof of payment to:</i> <i>namibianaesthesiology@gmail.com</i>	P.O. BOX 8741 Bachbrecht Windhoek Namibia