

## Application Form for Membership to the Health Funders Association

### Type of application [select one]:

Ordinary Member (for Schemes and Administrators)	
Associated Member (for Managed Care Organisations)	

### Organisation details:

Registered name	
Trading name	
Registration number	
Registered address	
Website address	
Telephone	

### CEO/ Principal Officer details:

Full name	
Designation	
Identity no	
Office telephone	
Mobile telephone	
E- mail address	

### Scheme membership details:

Total number of principal members	
Total number of beneficiaries	

**Declaration by head of the applicant organisation:**

1. I declare that, to the best of my knowledge, that the information herein supplied is complete, true and correct and not misleading in any respect.
2. I hereby confirm that I have the necessary authority to furnish this information and to make the undertakings required herein.
3. I agree to comply with the rules and terms of membership as laid out in the Memorandum of Incorporation of the Health Funders Association.

\_\_\_\_\_  
Signature\_\_\_\_\_  
Date\_\_\_\_\_  
Full names: (Please print)\_\_\_\_\_  
Designation

*Please attach payment by cheque or proof of direct deposit/electronic transfer (banking details provided below) in favour of the Health Funders Association, in respect of a **non-refundable member application fee**.*

**BANKING DETAILS**

<b>Bank Account Name</b>	:	<b>HEALTH FUNDERS ASSOCIATION NPC</b>
<b>Bank</b>	:	<b>First National Bank</b>
<b>Branch Code</b>	:	<b>250 655</b>
<b>Account number</b>	:	<b>62572590547</b>
<b>Account Type</b>	:	<b>Business account</b>
<b>Reference</b>	:	<b>Name of organisation</b>

*Please submit this application form and attached payment/ proof of payment to:*

<b>Postal Address:</b>	P.O. Box 1701 Gallo Manor 2052
<b>Delivery address:</b>	Country Club Estate Office Park, 21 Woodlands Drive, Building 2, 1 <sup>st</sup> Floor, Woodmead, 2191.
<b>Enquiries:</b>	Tel: 011 258 8981 / Fax: 011 258 8511 E-mail: leratom@hfassociation.co.za