

SAHIVCS Membership Application Form: Botswana



Annual Membership Fees:

Specialists/GP principals **P 300**, Non-specialists/GP assistants **P 150**, Associate membership **P 100**

Fees may be paid by cheque or electronically. Please make cheques or deposit slips payable to:

SAHIVCS (Southern African HIV Clinicians Society)

Bank : Stanbic

Branch : Fairgrounds • Gaborone

Branch Code : 06-49-67-00

Account number : 0140006682500 • Current a/c

Please fax deposit slip to the Treasurer, Dr. B Malone at 390 4466. Thank you.

Surname: _____

First Name: _____

Title: _____

Qualifications: _____

Speciality: _____

Practice Address: _____

Suburb & City: _____

Postal Address: _____

City: _____

Country: _____

BHPC number: _____

Tel.No: _____

Fax: _____

Cell: _____

E-mail: _____

Do you practice in the Private Sector or in the Public Sector or Both:

Would you like your name to be added to the Society's Provider Network for referrals?

For how many years have you been treating HIV patients?

The number of patients you are currently treating with anti-retroviral therapy?

HIV Training, please specify? _____

Method of payment: Electronic transfer

Direct deposit

Post/Cheque

Cash

Amount Paid:

Date: _____

Society Benefits

Quarterly issues of SA Journal of HIV Medicine

Quarterly Newsletter Transcript

CPD points: Branch Meetings/Questionnaires/Courses/Lecturing/Conference

Website access

Conference information and discounts

Regional and international representation

Specialty sub-groups

Local and International Guidelines

Advocacy and professional support

HIV Management Courses with CPD points