## Namibian Society of Physiotherapy

P.O. Box 23321 • Windhoek • Namibia • www.namibiaphysio.com

## Annual Membership Fee: 01 July 2017 to 30 June 2018

Name and Surname:

Postal Address of M	lember:								
E-mail Address:									
Contact Numbers:	Tel (W):	Fax:							
	Cell:								
Name of Practice:									
Physical Address of (include Suburb)	Practice:								
HPCNA Registration:		Full Conditional		tional	Intern		(mark relevant option)		
Citizenship:		Namibian							
		Permanent Residence					(Please attach proof)		
		Foreigner					(Please attach copy of Work Permit)		
Please indicate the f the NSP treasurer at				0886 55	0480.			mpleted document to	
Description				Early Bird Before 31 May		Late Payment After 31 May		Amount Payable	
Application Fee (New members ONLY)				N\$ 400		N\$ 400			
Membership Fee (Practicing members)				N\$ 1 800		N\$ 2 100			
Malpractice (Practicing members)				N\$ 850		N\$ 1000			
Liability (ONLY payable by practice OWNERS)				N\$ 460		N\$ 620			
Membership Fee (Members Non-practicing and Abroad)				N\$ 500		N\$ 700			
TOTAL						N\$			
All payments mu	ents attract hust be paid of ear reference	igh bank charge directly into the	s, please society's	s bank a	account,	latest	31 May 2017	society's bank account. th Membership Fee')	
Bank: Bank Windhoek B			Bra	ranch Code:		483-872 (Maerua Mall, Windhoek)			
Account Nr.: 102 786 9002			Acc	Account Type:		СНК			
	of this doc							ity to inform myself per of the Namibian	
Name and Surname:						Signature			
Date:									