

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

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

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

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