



Title:	Last Name:									
First name			Gender:							
DOB:	Age:	ID Number:								
Postal Address 1					Postal Code:					
Physical Address (Pref: Primary Prac)					Postal Code:					
Home Number:		Work Number:		Cell Number:						
Email Address:										
AHPCSA Number:		Any other statutory councils/associations:								
Nationality: Black	<input type="checkbox"/>	White	<input type="checkbox"/>	Indian	<input type="checkbox"/>	Coloured	<input type="checkbox"/>	Asian	<input type="checkbox"/>	Other:

Qualification(s):	Qualification (Completed/Enrolled for)	Year	Institution

Membership Type	Unani-Tibb Dr	<input type="checkbox"/>	Unani-Tibb Student	<input type="checkbox"/>
	Educator in Unani-Tibb	<input type="checkbox"/>	Person/Organisation interested in Tibb	<input type="checkbox"/>

I hereby certify that all information provided and documentation submitted is true and correct.

\_\_\_\_\_  
 Signature of applicant

\_\_\_\_\_  
 Date

**Guidelines**

- Return this application form to: SATA, PO Box 375, Gatesville, 7766; or email [sata@tibb.co.za](mailto:sata@tibb.co.za); fax: 021 633 2736 (attention: Caroline Davids)
- Should you require any further information please contact the National Secretariat, Dr. Mohammed Slarmie, on the email provided above.
- You are required to submit the prescribed non-refundable application fee of R100.
- The annual membership fees of R500 will be due after your application has been approved (students exempted).

**Payments should be made to:**

<b>Account Name:</b> South African Tibb Association	<b>Type:</b> Cheque Account
<b>Standard Bank</b>	<b>Account Number:</b> 002519712
<b>Branch:</b> Fordsburg	<b>Branch Code:</b> 005205

Please use 'SATA' and your 'initial + surname' as a reference.