

# MEMBERSHIP APPLICATION



TITLE \_\_\_\_\_

GENDER \_\_\_\_\_

INITIALS \_\_\_\_\_

I.D.NO. \_\_\_\_\_

FIRST NAME \_\_\_\_\_

OCCUPATION \_\_\_\_\_

SURNAME \_\_\_\_\_

POSTAL ADDRESS \_\_\_\_\_

CELL NO \_\_\_\_\_

CITY / TOWN \_\_\_\_\_

EMAIL \_\_\_\_\_

PROVINCE \_\_\_\_\_ CODE \_\_\_\_\_

MEDICAL DIAGNOSED CONDITION \_\_\_\_\_

DIABETES TYPE 1  TYPE 2

CURRENT MEDICATION \_\_\_\_\_

\_\_\_\_\_

STATE PATIENT AT \_\_\_\_\_

MED AID PATIENT \_\_\_\_\_

## EMERGENCY CONTACT ON CARD

NAME \_\_\_\_\_

## PLATINUM MEMBER: R300pa

CELL NO \_\_\_\_\_

## GOLD MEMBER: R120pa

### BENEFITS INCLUDE:

- Free Diabetes Info Booklet with 30 pages of Recipes
- 15% Discount on URS-1K Ketone test Strips at Pick n Pay Pharmacies
- Free Pair of Mohair & Bamboo Medi-socks plus 20% discount on additional pairs purchased
- Newsletter with Special Offers
- Free Eye Screening (Save R450) at Most SpecSavers in S.A.

### BENEFITS INCLUDE:

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Please note: your membership starts on the date you pay for your subscription.  
Your renewal will be due on the same date the following year.

Please post my FREE info booklet

I will read the info booklet online

Please post my FREE pair of socks

I will collect my FREE pair of socks

**BANKING DETAILS: (EFT payments only)**

DIABETES S.A.  
ABSA BANK, RANDBURG BRANCH  
BRANCH CODE 632005  
ACC NO 4054086276  
REF: NAME and/or MEMBERSHIP NUMBER

**DIABETES S.A. MEMBERSHIP**

**PLATINUM:** No. of Memberships @ R300  R.....

**GOLD:** No. of Memberships @ R120  R.....

**ADDITIONAL DONATION** R.....

**TOTAL AMOUNT** R.....

PLEASE EMAIL COMPLETED MEMBERSHIP FORM  
AND PROOF OF PAYMENT TO : [national@diabetessa.org.za](mailto:national@diabetessa.org.za)

**\*\* We need your completed form to identify your payment**



**National Office:**

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