

MEMBERSHIP APPLICATION



TITLE _____ INITIALS _____ GENDER _____

FIRST NAME _____ SURNAME _____

I.D NO. _____ OCCUPATION _____

CELL NO. _____ EMAIL _____

POSTAL ADDRESS (For your membership package) _____

PROVINCE _____ CITY/TOWN _____ CODE _____

DIABETIC TYPE: TYPE 1 TYPE 2 NON DIABETIC

CURRENT MEDICATION _____

STATE PATIENT AT _____ MED AID PATIENT _____

EMERGENCY CONTACT (To print on your membership card.)

NEXT OF KIN NO. _____

PLEASE POST MY FREE BOOKLET.
PLEASE POST MY FREE SOCKS.

I WILL READ THE INFO BOOKLET ONLINE.
I WILL COLLECT MY FREE SOCKS FROM
MY DIABETES S.A BRANCH.

I WOULD LIKE TO RECEIVE INFO NEWSLETTERS REGULARLY YES OR NO

DIABETES S.A. MEMBERSHIP

PLATINUM: No. of Memberships @ R320 R.....

GOLD: No. of Memberships @ R150 R.....

ADDITIONAL DONATION R.....

TOTAL AMOUNT R.....

PLEASE NOTE: YOUR MEMBERSHIP FEES ARE DUE ONCE EVERY YEAR TO RETAIN MEMBERSHIP.

YOUR MEMBERSHIP STARTS ON THE DAY YOU PAY AND YOUR RENEWAL WILL BE DUE ON THE SAME DATE THE FOLLOWING YEAR.

2 MEMBERSHIP OPTIONS:

PLATINUM MEMBER: R320pa

BENEFITS INCLUDE:

- Free Diabetes Info 30 page Booklet with Recipes.
- Free Pair of Mohair & Bamboo Medisocks plus 20% discount on additional pairs purchased.
- Free Samples / Newsletter, more recipes, advice, special offers.
- Medic Alert initial joining fee –Free (Save R181).
- Free Artificial Intelligence eye scan at any Specsavers/Execuspecs Nationwide (Save R450).
- 15% Discount on URS-1K Ketone Strips at Pick n Pay Pharmacies Nationwide.

GOLD MEMBER: R150pa

BENEFITS INCLUDE:

- Free Diabetes Info 30 page Booklet with Recipes.
- Free Pair of Mohair & Bamboo Medisocks plus 20% discount on additional pairs purchased.
- Newsletter with Special offers.
- Free Artificial Intelligence eye scan at any Specsavers/Execuspecs Nationwide (Save R450).
- 15% Discount on URS-1K Ketone Strips at Pick n Pay Pharmacies Nationwide.

BANKING DETAILS:

DIABETES S.A

ABSA BANK, RANDBURG BRANCH

BRANCH CODE 632005

ACC NO 4054086276

REF: YOUR NAME /YOUR MEMBERSHIP NUMBER (If an existing member).

PLEASE EMAIL COMPLETED MEMBERSHIP FORM
AND PROOF OF PAYMENT TO: national@diabetessa.org.za

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

Margot Mc Cumisky (National Manager)

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National Office:

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