



OCULARISTS ASSOCIATION OF SOUTHERN AFRICA (NPC)
An Eye on the Profession

APPLICATION FOR MEMBERSHIP TO THE OCULARISTS ASSOCIATION OF SOUTHERN AFRICA

First Names	
Name Known By	
Surname	
Title	
Practice Name	
Identity Number (SA Citizens)	
Passport Number (non SA Citizens)	
Date of Birth (YYYY-MM-DD)	
Practice Telephone Number (Including all dialling codes)	
Cell / Mobile Number (Including all dialling codes)	
Fax Number (Including all dialling codes)	
Alternative Phone Number (Including all dialling codes)	
E-mail Address	
Website Address	
Physical Home Address	
Postal Address	
Practice Number	
SAOA Membership Number(If applicable)	
HPCSA Number (If applicable)	
Practice Physical Address	
Additional Practice Address	

21 Kroton Street, Roodepoort 1709

P O BOX 1266, OLIVEDALE 2158 – T 0813928976 – E info@oasa.org.za – W www.oasa.org.za

DIRECTORS: JACKIE HEATLIE – CHANTAL DOWNWARD – PEDRO CARVALHO – GAIL ALTONA – BERYL CARVALHO

REGISTRATION NO: 2005/031380/08



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Dear Applicant

Please note: In order to be considered for membership, attach the following information to your application;

- 1. Copies of your ID/Passport document,**
- 2. Qualifications you have as an Ocularists, or if you have no formal training, please send three letters of reference from Ophthalmologists that you work with.**
- 3. Please include a clear portrait photo of yourself**
- 4. Please include a personal character statement providing details of any record of convictions for any offences (professional or private) without the option of a fine and any previous applications to this Association or a similar body having been rejected.**

Please return your completed form to pro@oasa.org.za . Upon receipt of your information and completed application form, it will be forwarded to the OASA board of directors for consideration. Should your application be successful you will be notified in writing. Said written notification will also include various OASA Documentation including a copy of the OASA MOI (Memorandum of Incorporation) and other relevant policy documents.

All OASA rules, regulations, MOI, Policies and Procedure Documents as amended from time to time will be applicable and binding to you should you be a member. The Admission and Membership fees will then be due.

In accordance with the rules of the MOI regarding membership please sign the following declaration:

I, (Full Name) _____ the undersigned hereby acknowledge that should I be accepted by the OASA board of directors as a member of the Ocularists Association of Southern Africa, I will accept and undertake to adhere to and up hold - All OASA rules, regulations, the MOI, Policies and Procedure Documents and all amendments.

I further declare that I have no criminal record and know of no circumstance that would preclude me from membership with OASA.

I further declare that the above information given by myself is true and correct.

Signature: _____ **Date:** _____

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