

SOUTH AFRICAN HEALTH INFORMATICS ASSOCIATION

www.sahia.org.za

INSTITUTIONAL MEMBERSHIP APPLICATION

APPLICANT INFORMATION

Tuckik dian name:		
Institution name:		
Institution registration number:		
Current address:		
City:	Province:	Postal code:
Telephone number:	Line of business:	
CONTACT PERSON INFORMATION		
Name:		
Title:	Position in the institution:	
Telephone:	E-mail:	
OVERVIEW		
Please attach a brief overview, which should include the following:		
Institution profile, specifically focusing on your health informatics related activities.		
Your expectations of services required from SAHIA.		
CODE OF CONDUCT		
I will, as a member of SAHIA:		
 Approach all meetings in accordance with the highest ethical standards of professional and personal conduct. Negotiate all agreements in good faith respecting the rights of all parties involved. Respect the policies and regulations of those organisations with whom I deal. Participate and encourage others to participate in continuing education endeavours/opportunities related to the Industrian Refrain from activities that will damage or discredit myself, my organisation or my profession. Seek opportunities to increase public understanding and awareness of the Industry. Not use my position for personal gain or benefit to the detriment or disadvantage of my organisation. I will advise my organisation of any circumstances that may appear to constitute a conflict of interest. I hereby apply for admission to the <i>South African Health Informatics Association</i> . If admitted I hereby undertake to abide by the Constitution and By-Laws of SAHIA. SAHIA will communicate with members predominantly via bulk email and the website. Bulk email communication law in South Africa, requires that SAHIA include an electronic option on each email to "opt out" of receiving further email communications. If you decide to opt out of the SAHIA email correspondence on any of the bulk emails you receive, please note that this will automatically remove you from all SAHIA emailing lists until you request re-instatement to the Membership Liaison officer. By signing this memorandum you indicate that you have understood the implications of "opt out" on the SAHIA email communications.		
SAHIA mailing list: (Please mark with X)	Yes:	No:
SIGNATURES		
I declare that to the best of my knowledge and belief the particulars set out in this application are true and correct.		
Signature of applicant:		Date: