

INDIVIDUAL MEMBERSHIP APPLICATION		
APPLICANT INFORMATION		
Full Member:	Student Member:	
Mr/Mrs/Dr/Prof:		
First Name		
Surname:		
Postal Address:		
Street address:		
City:	Province:	Postal code:
Telephone number:	Cell Number:	
Email Address:		
OVERVIEW		
Please attach a brief overview, which should include the following:		
<ul style="list-style-type: none"> Educational Qualifications Experience and length of time in Health Informatics / Healthcare technology Current employer or educational institution, if relevant Membership of Professional Bodies 		
CODE OF CONDUCT		
<p>I will, as a member of SAHIA:</p> <ul style="list-style-type: none"> 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 organizations with whom I deal. Participate and encourage others to participate in continuing education endeavours/opportunities related to the Industry. Refrain from activities that will damage or discredit myself, my organization 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 organization. I will advise my organization of any circumstances that may appear to constitute a conflict of interest. <p>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.</p> <p>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.</p>		
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: