



MEMBERSHIP FORM

Confidential to PiNSA

Please complete and e-mail to info@pinsa.org.za

Name of Patient: _____

Name of Parent/Caregiver/Other: _____

Is the patient on the SA PID patient registry? Yes/No

1. It is a condition of membership of PINSA that a member indemnifies PINSA against any claim that may be instituted by whomsoever arising from any advice on treatment that may be suggested for a member or a non-member by any other member of PINSA.
2. The information provided is confidential to PiNSA. Should there be a request for database information by e.g. the Medical Advisory Panel, IPOPI, this information is anonymised and individuals are thus protected. Service providers do not have access to information.

Signature

Date

Parent /Caregiver/Other	
First Name:	
Last Name:	
Address 1:	
Address 2:	
City:	
Province:	Postal code:
Telephone:	
E-mail:	

Patient	
First Name:	
Last Name:	
Address 1:	
Address 2:	

