



SALDA

SOUTHERN AFRICAN LABORATORY DIAGNOSTICS ASSOCIATION

Membership Application Form

Company Name	
Company Registration Number	

If your company traded under another name please provide	
Number of offices & Which Provinces, Countries	

Company Physical Address:-

Company Postal Address:-

Office Telephone Number	
Website address	

Please indicate with a tick which of your products are represented in the list below

Clinical Chemistry	
Immunochemistry	
Haematology	
Microbiology - Culture	
Infectious Immunology	
Genetic Testing	
Instruments, Spare parts, Service, Software	

Main SALDA Representative	cell	email
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2nd SALDA Representative	cell	email
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Please provide a company and product profile with this completed application form.

As a member of SALDA I agree on behalf of the company to abide by the SALDA Constitution now and in the future. Failure to pay fees will make this application null and void.

Name of the Company CEO or MD	
Signature	
Date	Signed at

NB The application for membership of this organisation is subject to approval of the SALDA Executive Committee and from the date of approval your company will be provided with the SALDA Constitution which your company will be expected to sign and comply with. On completion return to Executive Officer Doreen Howard, email address exec@salda.org.za

The members fees for 2012 ratified at the SALDA AGM 8th February 2012 are:-

Annual Turnover	Fee for 2012	
< R 10 mill	R 2898	
R10 -25 mil	R 4374	
R 25 – 50 mill	R 5313	
R 50 – 75 mill	R 8050	
R 75 – 100 mill	R 12236	
> R 100 mill	R 19320	

Please tick the box that is relevant to your company.

Please make payment to SALDA :-
ABSA Bank
Branch Rosebank Branch Code 508005
Account Number 4057579266

Please ensure you user your company name as the reference to enable us to reconcile the payment.