



# Namibian Society of Physiotherapy

P.O. Box 23321 • Windhoek • Namibia • [www.namibiaphysio.com](http://www.namibiaphysio.com)

## Annual Membership Registration Renewal: 01 July 2018 to 30 June 2019

Name/s and Surname: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Postal Address of Member: \_\_\_\_\_

E-mail Address: \_\_\_\_\_

Contact Numbers Tel (W): \_\_\_\_\_ Fax: \_\_\_\_\_

Cell: \_\_\_\_\_

Name of Practice: \_\_\_\_\_

Owner of Practice: \_\_\_\_\_

Practice Owner Contact Numbers Tel (W): \_\_\_\_\_ Fax: \_\_\_\_\_

Cell: \_\_\_\_\_

Physical Address of Practice: \_\_\_\_\_  
(include Suburb)

HPCNA Registration (attach proof):

	Full	Conditional	Intern	(mark relevant option)
Citizenship:	Namibian			
	Permanent Residence			(Please attach proof)
	Foreigner			(Please attach copy of Work Permit)

Area of Interest: \_\_\_\_\_

Any changes to the above information must be communicated to the society immediately.

Please indicate the fees payable and add the total amount at the bottom. Email completed document to the NSP treasurer at [treasurer@namibiaphysio.com](mailto:treasurer@namibiaphysio.com) or fax to email via 0886 55 0480.

Description	Cost	Amount Payable
Application Fee (New and Re-registering members)	N\$ 400	
Membership Fee (Practicing members)	N\$ 2 100	
Malpractice (Practicing members)	N\$ 940	
Liability ( <b>ONLY</b> payable by Practice OWNERS)	N\$ 500	
Membership Fee for Members Abroad	N\$ 500	
<b>TOTAL</b>	N\$	

- **Please do not mail any cheques or payments.** Only EFT payments are accepted.
- Since cash payments attract high bank charges, please do not make cash deposits into the society's bank account.
- All payments must be paid directly into the society's bank account, latest **31 May**.
- Please use a clear **reference (<initials> + <surname> + membership fee**, eg. 'C Smith Membership Fee')



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## **NSP Banking Details**

Bank:	Bank Windhoek	Branch Code:	483-872 (Maerua Mall, Windhoek)
Account Nr.:	102 786 9002	Account Type:	CHK

**I hereby confirm that I have read the NSP Constitution and that I accept responsibility to inform myself of the full content of this document and to adhere to it for as long as I am a member of the Namibian Society of Physiotherapy.**

Name and Surname: \_\_\_\_\_ Signature \_\_\_\_\_

Date: \_\_\_\_\_