



NAMIBIA MEDICAL SOCIETY

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Tel: +264-61-212413 Fax: 224703

PERSONAL

Surname _____

Full Name(s) _____

HPCNA NUMBER _____

Subscription Date _____

Postal Address _____

Email(S) _____

Telephone _____ Cell phone _____

STATUS

Practice _____

Sector _____

Location _____

NOTICES (Which notices would you like to receive from us?)

Membership Fees (per Annum):	Banking Details (please send in notification after):
State Doctors: N\$600 Private Doctors: N\$800	FNB Exclusive Banking Suite Branch; Code: 280174
Medical Interns: N\$350 Medical Students: N\$50	Account Number: 62210921327

SIGNATURE _____ **DATE** _____