



SOMSA MEMBERSHIP INFORMATION

SOMSA BENEFITS

- Discounted registration fees at the national congress
- Support and guidance via telephone or email
- Part of a local network through regional branches and contacts
- SOMSA website for online resources and upcoming events
- Unlimited access to World Continuing Education Alliance (WCEA) CPD online platform.

HOW YOU CAN BE A MORE ACTIVE MEMBER:

-Become involved in your local branch

-Email us your challenges and successes to share with other midwives via our website

www.midwivessociety.co.za

-Share your story. Send us pictures of your unit and tell us about your innovations and achievements to liza@confco.co.za

HOW TO BECOME A MEMBER

SOMSA membership fees consist of an annual membership fee of R 560. You can apply for membership using option 1 or option 2 below.

Option 1: Online

Click on the following link

<https://confco.eventsair.com/somsa-membership-portal/somsamembership>

On receipt of your membership form, an invoice will be issued to you. Payment of membership fees can be made using the banking details and reference number on the provided invoice.

Option 2: Complete the membership form below

Once your form is completed, email your form to Thandeka Msweli at: thandeka@confco.co.za

On receipt of your email, an invoice will be issued to you. Payment of membership fees can be made using the banking details and reference number on the provided invoice.

If you have any queries, contact Thandeka Msweli on 031 303 9852

TERMS & CONDITIONS

*No membership will be confirmed without payment.

PRIVACY STATEMENT

We collect information that you voluntarily provide, for us to process memberships and other transactions you may request and provide a customer service. We use your information to inform you of updates and send you relevant information regarding the concerned event. We do not sell, rent, or lease our delegate lists to third parties. In order to help provide our services, we occasionally provide information to other companies that work on our behalf. The Conference Company shall take all reasonable steps to protect the personal information of Users. For the purpose of this clause, "personal information" shall be defined as detailed in the Promotion of Access to Information Act 2 of 2000 (PAIA). The PAIA may be downloaded from: <http://www.polity.org.za/html/govdocs/legislation/2000/act2.pdf>

SOMSA MEMBERSHIP 01 APRIL 2022 – 31 MARCH 2023



Member Details

Member Name and Surname:	
Email Address:	
ID Number:	
Contact Number:	
SA Nursing Council Registration Number	
Name of Facility at which you work	
District	
Area of Expertise	<input type="checkbox"/> Midwife <input type="checkbox"/> Nurse <input type="checkbox"/> Clinician <input type="checkbox"/> Student <input type="checkbox"/> Educator <input type="checkbox"/> Other health professional
If you selected other, please specify here	
Province	<input type="checkbox"/> Northern Cape <input type="checkbox"/> Eastern Cape <input type="checkbox"/> Western Cape <input type="checkbox"/> KwaZulu Natal <input type="checkbox"/> Gauteng <input type="checkbox"/> North West <input type="checkbox"/> Mpumalanga <input type="checkbox"/> Limpopo <input type="checkbox"/> Free State
Sector	<input type="checkbox"/> Private <input type="checkbox"/> Public
Gender	<input type="checkbox"/> Male <input type="checkbox"/> Female
Education	<input type="checkbox"/> Certificate <input type="checkbox"/> Diploma <input type="checkbox"/> Bachelor <input type="checkbox"/> Master <input type="checkbox"/> Doctorate
Please specify qualification/s obtained	
Please specify the Institution the qualification was obtained at	
Number of years experience in Midwifery	
Have you participated in any Research	<input type="checkbox"/> Yes <input type="checkbox"/> No
If yes, please stipulate which.	

Name and Surname _____ Signed at _____
 on this _____ day of _____

 (Signature as used for operating on the account)
