



SHAA Membership Form

New Application / Membership renewal

New Member Application

Renewal

First Name

Last Name

HPCSA No.

Cell Phone

Work Phone

Email

Website

Address

Areas where
you practice

Please add me to the SHAA website

Yes

No

Please email this form with your proof of payment to secretary@shaa.co.za

Banking Details:

Account Name: Society of Hearing Aid Acousticians

Bank: First National Bank

Account type: Current

Account Number: 5492 0044 151

Branch Code: 252905



SHAA

Society of Hearing Aid Acousticians

www.shaa.co.za