

Welcome

HOW TO BECOME A MEMBER

Roscher Pharmacy
Rams 6011 446

DOCTOR/PHARMACY WHERE FORM OBTAINED _____

MEMBERSHIP No. (IF APPLICABLE) _____ YES NO

SURNAME _____ INITIAL _____

HOME ADDRESS _____ TITLE _____

POSTAL ADDRESS _____

PHONE: HOME () _____ WORK () _____

EMAIL ADDRESS _____

CELL No. _____

BIRTH DATE _____ ID NUMBER _____

DOCTORS NAME _____ PHONE No. _____

PREFERRED HOSPITAL _____ FOLDER No. _____

MEDICAL AID _____ MEMBERSHIP No. _____

HOSPITAL PLAN _____ MEMBERSHIP No. _____

EMERGENCY CONTACTS (FRIEND RELATIVE)

SURNAME _____ INITIALS _____ TITLE _____

POSTAL ADDRESS _____

PHONE: HOME () _____ WORK () _____

CELL No. _____

ADDITIONAL PERSON TO CONTACT

SURNAME _____ INITIALS _____ TITLE _____

PHONE: HOME () _____ WORK () _____

CELL No. _____

BANKING DETAILS

ABSA, Heerengracht, Cape Town

(For internet banking, use branch code 632005)

Type of account: Current

Account Number: 405 539 2303

Account Name: MedicAlert

Use your membership number or Name & Area of residence as the reference & fax copy with application form.

Signature of member _____ Date _____

BANKING DETAILS

NAME OF BANK _____

BRANCH NAME _____

BRANCH CODE (6 DIGITS) _____

TYPE OF ACCOUNT (ie current/transmission/savings) _____

ACCOUNT NUMBER _____

Signature of member _____ Date _____

IMPORTANT: By accepting membership in MedicAlert®, you authorise MedicAlert® to release information in emergencies or to healthcare personnel whom you designate.

* Engraving space is limited by size of emblem. Small bracelet: 60 spaces. Large bracelet: 90 spaces. Necklace: 95 spaces. Always leave one space between words.

MAIL this form and your payment to:
Medic Alert, P O Box 4841, Cape Town, 8000
or FAX this form to 021 425-6554
Print or type clearly.
For more information call Medic Alert on
(021) 425-7328 or fax (021) 425-6554



ALLERGIES

JOINING MEMBERSHIP FEES

R140 Joining fee R49 annually TOTAL

NB Joining fee includes first stainless steel emblem (mark size below), PVC card & first year's membership fee.

MedicAlert Plus @ R430 p.a. TOTAL

EMBLEM ORDER FORM

Select your style of emblem by crossing the block that matches the code. In the event of a change taking place as far as emblems and chains are concerned, any payment received reflecting the old price will be taken on account and the balance owing will be requested.

Stainless steel

A1 Small Bluet A2 Large Bluet A3 Neck A4 Dogtag TOTAL

1, 2, 3 and 4 are R75 for Re-issue. For new members is included in joining fee (includes PVC card)

A1 A2 A3 A4

Sterling Silver

B1 Small arm disc R195 Disc with chain R310 TOTAL

B2 Large arm disc R300 Disc with chain R429 TOTAL

B3 Neck disc R194 Disc with chain R309 TOTAL

Gold (9 carat)

C1 Small arm disc R815 Disc with chain R1565 TOTAL

C2 Large arm disc R1155 Disc with chain R2035 TOTAL

C3 Neck disc R880 Disc with chain R1825 TOTAL

All gold & silver discs are sent per Speed Post after processing. Kindly add R45.00 to your remittance for posting and handling in S.A. only. Please contact our office for costs to other countries

Velcro Straps (recommended for sports people) - Please add postage

Velcro and Stainless steel R100 Velcro only R25 TOTAL

A B C D E F (Mark your selection of strap design)

PVC Wallet Card only R15 R

Postage (R20/ R45) R

DONATION R

TOTAL R

AUTHORISATION FOR DIRECT DEBIT (for annual subscription only)

I, _____, the undersigned, hereby authorise MedicAlert® to debit my current, savings or transmission account as set out below.

I further understand and accept the following conditions in respect of this authorization

1. That my account be debited with _____ on the 1st/15th day of the month following receipt of my application.

2. This authorization will continue until we receive written notification to discontinue.

3. I undertake to keep MedicAlert® informed regarding changes to my account at all times.

Signature of member _____ Date _____

BANKING DETAILS

NAME OF BANK _____

BRANCH NAME _____

BRANCH CODE (6 DIGITS) _____

TYPE OF ACCOUNT (ie current/transmission/savings) _____

ACCOUNT NUMBER _____

Signature of member _____ Date _____

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