

# APPLICATION FORM

## HOW TO BECOME A MEMBER?

Please complete this form and **mail with your payment** details to:

MedicAlert, P O Box 4841, Cape Town, 8000. or [ruth@medicalert.co.za](mailto:ruth@medicalert.co.za) - Print or type clearly.

For more information call Medic Alert on (021) 425-7328 or fax (021) 425-6654

MEMBERSHIP No.( IF APPLICABLE) .....  YES  NO

SURNAME ..... TITLE: .....

FULL NAME: .....

HOME ADDRESS .....

.....

POSTAL ADDRESS .....

.....

.....

.....

PHONE: HOME ( ) .....

E-MAIL ADDRESS .....

FAX: .....

CELL No. ....

BIRTH DATE ..... ID NUMBER .....

DOCTOR'S NAME .....

DOCTOR'S PHONE No. ....

MEDICAL AID .....

MEMBERSHIP No. ....

HOSPITAL PLAN .....

MEMBERSHIP No. ....

PREFERRED HOSPITAL .....

HOSPITAL FOLDER No.....

### PRIMARY CARER CONTACT (SPOUSE, RELATIVE, FRIEND)

SURNAME ..... INITIALS ..... TITLE .....

POSTAL ADDRESS .....

.....

.....

PHONE: HOME ( ) ..... WORK ( ) .....

CELL No. ....

### ADDITIONAL PERSON TO CONTACT (preferably not at same address)

SURNAME ..... INITIALS ..... TITLE .....

HOME PHONE ( ) .....

WORK PHONE ( ) .....

CELL No. ....

## MEDICAL INFORMATION (Add extra page if necessary)

.....  
.....  
.....  
.....

# Medical Aid details on emblem: Yes  No

# MedicAlert will engrave the most vital medical information on your emblem and retain all pertinent info in the computerized file. **Please call if you wish to discuss engraving**

# **Medical Aid details frequently change, and thus would require a new emblem (at member's cost) if details are engraved. The alternative wording would be *On Medical Aid*, and the details kept on our database.**

## JOINING/MEMBERSHIP FEES

R190 Joining fee  R60 annually  TOTAL 

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**NB** Joining fee includes teal emblem, PVC wallet card & first year's membership fee plus one year membership of Dementia SA.

Membership includes essential information to assist you in the event that your loved one is found wandering. You will also receive a useful gift.

A carer bracelet is available at a reduced cost. Please contact MedicAlert for more information.

Postage	R
DONATION	R
TOTAL	R

For safe delivery of stainless steel emblems, it is advisable to pay for Registered Post (R35.00) or Speed Post /Courier (R70.00). Please add this to your order. For Registered and Insured parcels to areas outside of South Africa, please contact our office.

Please allow 2 – 3 weeks for delivery.

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

.....  
Signature of member ..... Date

**MedicAlert is a Section 21 Company**  
**Registration No. 2002/008563/08**  
**PBO No. 930 013 464**

**Dementia SA is a registered Non profit organisation**  
**(NPO 049 -191 & PBO 930022142)**  
**Tel : (021) 421-0077/8**  
**National Helpline : 0860 636 679 / 0860 MEMORY**

# METHOD OF PAYMENT

CHEQUE <input type="checkbox"/>	P.O. <input type="checkbox"/>	CREDIT CARD <input type="checkbox"/>
BANK DEPOSIT (Details below) <input type="checkbox"/>		
TOTAL AMOUNT ENCLOSED	<input type="text" value="R"/>	

### Banking Details:

ABSA , Heerengracht , Cape Town  
Branch Code (for online banking): 632005  
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.

### CREDIT CARD DETAILS

VISA  MASTER

CARD No.

EXPIRY DATE  SECURITY CODE

STRAIGHT  BUDGET  (No. of months .....)

AMOUNT TO BE DEDUCTED

SIGNATURE .....

### AUTHORISATION FOR DIRECT DEBIT (for annual subscription only)

I ..... the undersigned, hereby authorise Medic Alert to debit my current, savings or transmission account as set out below.

I furthermore understand and accept the following conditions in respect of this authorisation.

1. That my account be debited with ..... on the 1<sup>st</sup>/15<sup>th</sup> day of .....(month) annually/monthly.
2. This authorisation will continue until we receive written notification to discontinue.
3. I undertake to keep Medic Alert informed regarding changes to my account at all times.

### BANKING DETAILS (COMPLETE IN BLOCK LETTERS)

NAME OF BANK/BUILDING SOCIETY.....  
BRANCH NAME.....  
BRANCH CODE (6 DIGITS).....  
TYPE OF ACCOUNT (I.E. CURRENT/SAVINGS/TRANSMISSION)  
.....  
ACCOUNT NUMBER.....

Please attach a cancelled cheque for bank identification purposes

.....  
Signature of member

.....  
Date