



**Cuban Alumni Association of South Africa (CAASA)  
Membership Application Form**

**SECTION 1: Personal Information**

1. **Full Name:** \_\_\_\_\_
2. **Date of Birth (DD/MM/YYYY):** \_\_\_\_\_
3. **ID/Passport Number:** \_\_\_\_\_
4. **Gender:**  Male  Female  Other
5. **Nationality:** \_\_\_\_\_
6. **Residential Address:**

\_\_\_\_\_  
\_\_\_\_\_

7. **Postal Address (if different):**

\_\_\_\_\_  
\_\_\_\_\_

8. **Contact Number:** \_\_\_\_\_
9. **Email Address:** \_\_\_\_\_

**SECTION 2: Professional Information**

1. **Profession:** \_\_\_\_\_
2. **Year of Graduation (Cuban Program):** \_\_\_\_\_
3. **Medical Registration Number (HPCSA):** \_\_\_\_\_
4. **Specialization (if any):** \_\_\_\_\_
5. **Current Employment:**
  - o **Employer/Institution Name:** \_\_\_\_\_
  - o **Position/Designation:** \_\_\_\_\_
6. **Province of Practice:** \_\_\_\_\_

**SECTION 3: Membership Details**

1. **Membership Category:**
  - Full Member (Cuban alumni)
  - Associate Member (Supporters/Other Professionals)
2. **Preferred Method of Communication:**  Email  WhatsApp  Phone Call

3. **Would you like to participate in provincial leadership activities?**  
 Yes  No
4. **Skills or Interests:** (e.g., research, public health outreach, mentorship)
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## SECTION 4: Payment Information

Annual Membership Fee: **R500**

1. **Payment Method:**
  - EFT/Bank Transfer
  - Cash Deposit
  - Other (specify): \_\_\_\_\_
2. **Banking Details:**
  - **Account Name:** Cuban Alumni Association of South Africa
  - **Bank Name:**
  - **Account Number:**
  - **Branch Code:**
  - **Reference:** [Your Full Name]

## SECTION 5: Declaration

I, the undersigned, confirm that the information provided above is true and accurate to the best of my knowledge. I agree to abide by the constitution and rules of the Cuban Alumni Association of South Africa (CAASA).

**Signature:** \_\_\_\_\_

**Date:** \_\_\_\_\_

Email completed for to: [info@caasamed.com](mailto:info@caasamed.com)

## For Official Use Only

1. **Application Received Date:** \_\_\_\_\_
2. **Payment Confirmation:**
  - Yes  No
  - Date of Payment:** \_\_\_\_\_
3. **Membership Number Assigned:** \_\_\_\_\_
4. **Processed By (Name & Signature):** \_\_\_\_\_

**Thank you for joining CAASA!**

Together, we make a difference in South African healthcare.