

AltMedASA.co.za

Alt-Med Association of South Africa

amm = Alt-Med Member

Yearly membership Subscriptions

AMM Member: R400

1. Fill the form in, sign, and return to info@AltMedASA.co.za
2. Attach a recent photo of yourself (optional)
3. Attach Proof of Payment or provide some kind of payment reference, If not an Ordinary or free member.
4. Subscription includes a yearly license for Stock-File worth R1500
5. Subscription to the newsletter is required, in order to stay up to date. Sign up here: <https://eepurl.com/cdaJ25>
6. The AltMedASA year starts on the 1st of July and ends on the 30th of June the following year.
7. You can sign this document with an electronic signature. You don't have to print it out to sign. You can also just fill your name in, instead of your signature, in the signature field.
8. If you don't pay your yearly subscription you will be listed as an inactive.
9. All members will be listed on the members website. Everybody will be allowed to have a link to their personal website and contact details. (Provided that you are an active member).

To remain active you will need to do one thing:

- a.) You will need to make sure that you are paid up for the year, and that you update / verify your details yearly. (R400 per year or agreed to amount).

AltMedASA Practitioners are only expected to give active members a 15% to 60% discount on non-medical aid consultations.

Benefits

- Have your name and contact details advertised on the website, to promote yourself or your business.
- Enjoy consultation discounts of up to 60% with AltMedASA practitioners.
- Enjoy up to a 30% discount on all health supplements and products.
- Enjoy using the StockFile software, worth R1500 per year.
- Enjoy taking the AltMedASA courses at big discounted prices.
- Purchase and run a profitable and affordable AltMedASA Franchise.

Membership Application for - Alt-Med Member

Type: AMM (AMM)

Title _____

Name _____

Surname _____

Known As _____

ID Number: _____

Address1 _____

Address2 _____

Province/State _____

Country _____

Contact Numbers _____

Email addresses _____

Websites _____

Signed at _____ on _____ (Date)

Signature _____ Name _____

Make your Payment to:

Banking Details:

Account Name: MultiDBA

Bank: FNB

Branch Code: 252445 (Menlyn Maine)

Account Number: 63006359540

Type Account: Current

Reference: Your Name or ID Number

Send your proof of payment to: info@AltMedASA.co.za

Use your Name/Surname or ID Number as a reference.

Send Completed form to info@AltMedASA.co.za