

Membership Application Process

SA Primary Medical Financial Co-operative Limited ("MediCoop") is owned by its members through membership shares and may in terms of its constitution only transact and provide services and products to its members. Membership is limited to healthcare professionals, healthcare workers and medical industry stakeholders.

Option 1: Complete the New Member Information form and return to applications@medi.coop

Option 2: Apply online by visiting our website www.medi.coop/apply/

Should you wish to apply for membership, the following are the minimum requirements:

- Only individuals or legal entities that are involved in the healthcare industry.
- A copy of **Identity Document** or **Company Registration Certificate** together with **Proof of Address, Proof of Registration with Professional Body** and **Confirmation of Bank Account** needs to be submitted together with the membership application form.
- Pay joining fee and minimum shares subscription via EFT.
[R200 Joining fee + R1,000 minimum shares subscription (1,000 shares at R1.00 per share)].

MediCoop CFI Banking Details

Name of Account: **MEDICOOP** | Name of Bank: **Rand Merchant Bank (RMB)** | Branch Name: **Willowbridge** | Branch Code: **260505**
Account Number: **62641697505** | Swift Code: **FIRNZAJJ** | Payment Reference: **ID Number or Business Registration Number**

Application Type

SA Citizen / Entity	Yes	No	Apply As	Individual	Business	Business Type	Sole Prop	Incorporate	Pty (Ltd)	Other
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Individual or Business Information

ID Number					Business Reg. Number	If applying through the business				
Business Name	If applying through the business									
Title					Initials					
Full Names										
Surname										
Nickname										
Cell phone					Telephone					
Email										
Marital Status	Single	Married	Divorced	Widowed	Gender	Male			Female	
Race (This question is only for the purpose of reporting statistics to the governing body)					African	Coloured	Indian	White	Other	
Physical Address	Complex / Street Number				Suburb					
City/Town					Postal Code					
Postal Address	Box / Street Number				Suburb					
City/Town					Postal Code					
Work Address	Complex / Street Number				Suburb					
City/Town					Postal Code					



+27 (0)87 057 1427



info@medi.coop



www.medi.coop

Professional Body Information

Please note that in accordance with the Constitution, each member is required to either belong to a medical professional body or be endorsed by a member of one of these bodies to use their membership number. If you are not a member of one of these bodies yourself, please ensure that the member endorsing you also signs the application form in the allocated area at the end of this application form indicating his/her authorisation of your use of his/her membership number.

<input type="checkbox"/> Health Professionals Council of South Africa	<input type="checkbox"/> South African Nursing Council	<input type="checkbox"/> Pharmaceutical Society of South Africa	<input type="checkbox"/> South African Medical, Dental, Homoeopathic, Physiotherapy and Psychiatrists Associations
<input type="checkbox"/> Board of Health Care Funders / Council for Medical Schemes	<input type="checkbox"/> South African Institute for Health Care Managers	<input type="checkbox"/> Hospital, Day Hospital and Renal Care Associations of South Africa	<input type="checkbox"/> South African Veterinary Association
<input type="checkbox"/> South African Medical Association	<input type="checkbox"/> The Public Health Association of South Africa	<input type="checkbox"/> The South African Medical Device Industry Association	<input type="checkbox"/> Other

Please Specify

HPCSA Number		Practice (BHF) Number	
Other Association Membership Number		Specify Professional Body or Association	
Employer / Place of Work			

Primary Account Information

Name of Bank		Branch Name	
Branch Code		Account Number	
Account Type		Date Opened	

Shares and Membership Value

In line with the MediCoop CFI constitution a prospective member is required to purchase a minimum of 1,000 shares (R1 per share) and pay a R200 joining fee in order to qualify for membership. Please see banking details above. Please indicate below should you wish to apply for additional shares over and above the 1,000 minimum required shares.

Number of additional shares required (if any)	
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Products and Services Provided by MediCoop

Please select a category below, otherwise general product information and related news will be shared with you. If you do not wish to receive any product specific information, please tick here:

Savings & Investments

Savings Account

Investment & Shareholding

Project Investment

Equipment & Practice Finance

New Equipment Required

Practice Buy-In or Buy-Out

Other Medical Finance

Short-Term Insurance

Medical Malpractice

Business Insurance

Professional Indemnity

Group Scheme Insurance

Life & Disability Cover

Breast Cancer Cover

Accident & Funeral Cover

Financial Services

Practice Management

Audit & Tax Solution

Staff Solution

I/we give consent to the process of personal information and allow MediCoop CFI to communicate with/contact me regarding membership information, the affairs of MediCoop CFI, its products and services available to members in terms of the Protection of Personal Information Act 4 of 2013. I/we agree that MediCoop CFI can use your photograph(s) to check your identity and FICA information from the Department of Home Affairs (DHA) and at any other party to confirm any aspect or details of this application. I/we agree to the terms and conditions and confirm that all of the information stated above is correct. (https://www.medi.coop/uploads/MediCoop_Terms-and-Conditions.pdf)

