



SOUTH AFRICAN ASSOCIATION OF REGISTERED PHYTOTHERAPISTS

Full Membership Form

PLEASE FILL IN THE FOLLOWING:

Full
Name: _____

–

Date of
Birth: _____

AHPCSA
Number: _____

Contact
Number: _____

Email
Address: _____

Practice
Address: _____

PLEASE SEND THIS FORM TO PHYTOTHERAPISTS@GMAIL.COM ALONG WITH:

A certified copy of AHPCSA registration.

A certified copy of identification documentation (e.g., SA ID document).

Once we have approved your application an invoice will be sent to
you.

Your membership will be confirmed upon payment.

We look forward to hearing from you,
The SAARP NEC