



THE SOUTH AFRICAN SOCIETY OF OTORHINOLARYNGOLOGY, HEAD AND NECK SURGERY and MANAGEMENT GROUP

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ENT SOCIETY 2025/26 MEMBERSHIP FEES

Dear Member,

The SA Society for ORL-HNS' financial year is coming to an end on 28 February 2025. Annual fee increases are inevitable and will be effective from 1 March 2025. Changes in legislation last year now stipulate that VAT has to be levied and will be incorporated in the fee. Understandably VAT paid by members may be reclaimed on the annual tax submission.



Thank you to the members that are already paying by debit order and therefore the adjustments will automatically be made, there is no need to complete debit order form again.



We would prefer it if your membership fee is paid by debit order, as it reduces the administrative workload tremendously. A debit order form is on the next page for the members that want to change their way of payment for the option to pay by debit order.



Manco Directors: Dr JH Black, Dr JS Boucher, Dr DJ du Plessis, Dr MF Essa, Dr CJ Hofmeyr, Dr M Lamola, Dr RB Lesoli, Dr TJ Maharaj, Dr W Robartes (Chairman), Dr AC van Lierop and Dr PJ Viljoen.

Exco Directors: EXCO: Dr S Basanth, Dr JH Black, Dr DJ du Plessis (Treasurer), Dr J Grobbelaar (President), Dr N Kana, Prof JW Looock (Past President), Prof DE Lubbe, Prof SH Maharaj, Dr MSL Masotja, Dr A Nanan, Dr S Ramjattan, Prof RY Seedat, Dr LP Setoaba and Dr PJ Viljoen (Treasurer).

Written Authority and Mandate for Debit Payment Instructions

This signed Authority and Mandate refers to our contract dated _____ (“the Agreement”).

I/We hereby authorise you to issue and deliver payment instructions to your Banker for collection against my/our abovementioned account at my/our above-mentioned Bank (or any other bank or branch to which I/we may transfer my/our account) on condition that the sum of such payment instructions will never exceed my/our obligations as agreed to in the Agreement and commencing on _____ and continuing until this Authority and Mandate is terminated by me/us by giving you notice in writing of not less than 20 ordinary working days, and sent by prepaid registered post or delivered to your address as indicated above.

The individual payment instructions so authorised to be issued must be issued and delivered monthly.

In the event that the payment day falls on a Sunday, or recognised South African public holiday, the payment day will automatically be the very next ordinary business day. Payment Instructions due in December may be debited against my account on

_____ NA _____ (date).

I/We understand that the withdrawals hereby authorised will be processed through a computerised system provided by the South African Banks. I also understand that details of each withdrawal will be printed on my bank statement. Such must contain a number which is your practice number, which must be included in the said payment instruction and if provided to me should enable me to identify the Agreement.

Mandate: I/We acknowledge that all payment instructions issued by you shall be treated by my/our below-mentioned Bank as if the instructions have been issued by me/us personally.

Cancellation: I/We agree that although this Authority and Mandate may be cancelled by me/us, such cancellation will not cancel the Agreement. I/We shall not be entitled to any refund of amounts which you have withdrawn while this Authority was in force, if such amounts were legally owing to you.

Assignment: I/We acknowledge that this Authority may be ceded or assigned to a third party if the Agreement is also ceded or assigned to that third party, but in the absence of such assignment of the Agreement, this Authority and Mandate cannot be assigned to any third party.

You will be notified within 30 days of the next debit order payment of any fee increases for your membership.

Your debit order will then automatically be adjusted to reflect these increases.

Payment to (Company name) Registered abbreviated company name:	Ear Nose and Throat Management Group Limited ENT
Name of Account holder:	
Address of Account holder:	
Practice number:	

Banking details

Name of Bank:	Type of Account:
Branch Name:	Branch code:
Account number:	

Monthly Amount and Membership Type:

Full Time Private Practice	<input type="checkbox"/>	R 1 131.00	Affiliate Members / Medical Officers	<input type="checkbox"/>	R 59.33
First Year Private Practice	<input type="checkbox"/>	R 648.00	Audiologists and Associate Members	<input type="checkbox"/>	R 344.50
Limited Private Practice	<input type="checkbox"/>	R 648.00	Overseas members	<input type="checkbox"/>	R 115.50
Full Time Public Service	<input type="checkbox"/>	R 344.50	Temporary Away Members	<input type="checkbox"/>	R 58.33
Registrars	<input type="checkbox"/>	R 59.33	COSECSA Members (Neighbouring Countries)	<input type="checkbox"/>	R 637.08

Signed at _____ on this _____ day of _____ 20 _____.

(Signature as used for operating on the account)

Please attach proof of banking details. Please ensure you complete the membership application form AND the written authority for debit order payment instructions.

Kindly send it back to email admin@entsociety.co.za

It is important to know that the banking details of the SA Society of ORL-HNS have **changed** to:

ENT MANAGEMENT GROUP (RF) NPC
BANK: INVESTEC BANK
ACCOUNT NUMBER: 10013691813
BRANCH CODE: 580105



To avoid confusion, use either your membership number or your initials and surname as reference.

Members opting to pay the full membership fee in a lump sum before the end of **31 March 2025** will qualify for a 10% discount on the annual fee.

Should you not be **paying by monthly debit order** or lump sum payment, we urge you to settle your account before **19 September 2025**, one month before the start of the Congress. Members failing to comply will be considered **“Non-members” for the purpose of registration for the upcoming Congress and will therefore be charged a Non-member fee.**



The new fee structure will be as follows:

MEMBERSHIP TYPE	MONTHLY FEES	FEES PER ANNUM	DISCOUNTED FEE PAYABLE 31 MARCH 2025
Full Time Private Practice Members	R1131,00	R13 572	R12 215
1st Year Private Practice Members	R 648,00	R 7 785	R 7 006
Limited Private Practice Members Full Time Consultants in Public Service INVOLVED in Private Practice / RWOPS	R 648,00	R 7 785	R 7 006
Ful Time Consultants in Public Service Members NOT involved in Private Practice / RWOPS	R 344,50	R 4 134	R 3 703
Registrars, Supernumerary Registrars and Affiliated Members	R 59,33	R 712	R 641
COSECSA Members (Neighbour Countries)	R 637,08	R 7 645	R 6 880
Audiologists	R 344,50	R 4 134	R 3 721
Overseas Members	R 115,50	R 1386	R 1 248
Temporary Away Members	R 58,33	R 700	R 680

Should you have any queries please contact Isabel Morgan on isabel@healthman.co.za or Janette Pieters on admin@entsociety.co.za

EXCO: SA SOCIETY FOR OTORHINOLARYNGOLOGY – HEAD & NECK SURGERY