



**Biofeedback Association**  
of South Africa

# MEMBERSHIP APPLICATION FORM

## PERSONAL INFORMATION & CONTACT DETAILS:

Title: \_\_\_\_\_ First name: \_\_\_\_\_

Last Name: \_\_\_\_\_ Email: \_\_\_\_\_

Postal address: \_\_\_\_\_ Postal Code \_\_\_\_\_

Work nr: \_\_\_\_\_ Mobile nr: \_\_\_\_\_

Occupation: \_\_\_\_\_ Job title: \_\_\_\_\_

## HEALTHCARE:

HPCSA Registration Number / Regulatory Body \_\_\_\_\_

Discipline: \_\_\_\_\_

Category: \_\_\_\_\_

Special interest: \_\_\_\_\_

Education (Post Grad. / courses): \_\_\_\_\_

## SELECT MEMBERSHIP CATEGORY:

**FULL MEMBER • R 600**

Registered clinician who has completed the BCIA Accreditation process.

BCIA registration number:

**ASSOCIATE MEMBER • R 450**

Registered clinician who is in the process of completing BCIA Accreditation

Date of BCIA application:

**AFFILIATE MEMBER • R 450**

Clinician who is interested in the field of Biofeedback and research in this domain but who have not done any training to qualify as Full Member

**STUDENT • R 200**

Proof of student registration required

Institution:

Faculty:

Student nr:

**Payment can be made into:** Biofeedback Association of South Africa (BFSA)  
Nedbank Current Account • **Branch Code:** 198765 • **Account number:** 1096293927  
**Reference: Initial and Surname**

Please send proof of payment to:  
[accountadmin@biofeedbacksa.co.za](mailto:accountadmin@biofeedbacksa.co.za) and [admin@biofeedbacksa.co.za](mailto:admin@biofeedbacksa.co.za)

**SUBMIT FORM**