



**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 650**

Registered clinician who has completed the BCIA Accreditation process.

BCIA registration number:

**ASSOCIATE MEMBER • R 490**

Registered clinician who is in the process of completing BCIA Accreditation

Date of BCIA application:

**AFFILIATE MEMBER • R 490**

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 220**

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)

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