



<b>Personal Information</b>	
Title	
First Name	
Last Name	
<b>Contact Details</b>	
Postal Address	
Postal Code	
Telephone – work	
Telephone – mobile	
E-mail	
<b>Profession</b>	
Occupation	
Job Title	
<b>Healthcare</b>	
HPCSA Registration Number / Regulatory Body	
Discipline	
Category	
Special Interest	
Education (Post Grad. / courses)	
<b>Membership</b>	
<b>Full Member</b> Registered clinician who has passed the BCIA Accreditation process R600	BCIA registration number
<b>Associate Member</b> Registered clinician who is in the process of completing BCIA Accreditation R450	Proof of BCIA Application status
<b>Student</b> Proof of student registration required R200	Institution / Faculty / Student number
<b>Affiliate Member</b> 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 R150	

**Payment to 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 **[admin@biofeedbacksa.co.za](mailto:admin@biofeedbacksa.co.za)**