



Radiographers Society of Botswana Membership Registration Form
Plot 3391, Extension 12, Gaborone, Botswana
P O Box 201372, Bontleng Gaborone, Botswana
Tel: +267 73143991 Fax: +267 3935666
Email: info@rsb.co.bw Website: www.rsb.co.bw

Please print, use blue or black ink & put X where applicable.

IDENTIFICATION DETAILS

Name of applicant:
(First name) (Surname)

Gender: Male Female Other:
(Specify)

Date of birth (date/month/year):

Omang / Passport number:

BHPC number:

Postal address:

Telephone number:

Email address:

QUALIFICATION DETAILS

Undgraduate

Title of qualification:

University/College: **Year:**

Postgraduate

Title of qualification:

University/College: **Year:**

Title of qualification:

University/College: **Year:**

I promise to uphold the standards and ethics of the Radiographers Society of Botswana and I shall contribute the yearly subscription fees.

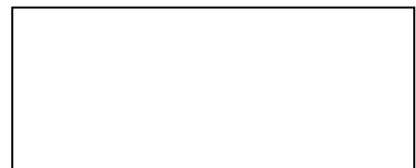
Signature: **Date:**

Payment can be made by direct bank transfer to Radiographers Society of Botswana, First National Bank, Broadhurst Industrial Branch, Branch Code: 00281267, Account No: 62721331247. Please send proof of payment to info@rsb.co.bw.

Official Use Only

Receipt Number: _____

Date membership is conferred: _____



Date stamp