



BAPSA PROVIDER APPLICATION P1

Please fill out the basic information below and e-mail it back to us at info@bapsa.net. We will respond with an e-mail shortly and contact you as soon as we can with an update of your registration acceptance. Please ensure you attach a letter of motivation and copies of all relevant documents, credentials, and experience information. Once we receive your information, we will review it and send you a confirmation letter.

PRIMARY CONTACT INFORMATION

Name:		
Date of birth:	ID No:	Phone:
Postal address:		
City:	Province:	Area Code:
Email:		Cell:

ORGANIZATION INFORMATION

Company:		
Address:		
Phone:	E-mail:	
City:	Province:	Area Code:
Is your provider licensed?		
Licensing body:		
License Number:		

SIGNATURE

Signature of applicant (Owner or Director):	Date:
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ADDITIONAL INFORMATION

If you are applying for BAPSA Provider Membership for an organization or facility please note that you are declaring the following:

- Provider meets norms and standards of relevant local government bodies for licensure
- Provider staff meet professional norms and standards for scope of practice with relevant professional bodies

Describe your provider functions, goals, and initiatives

Services Provided (E.g., Primary Care, Half-way House)

Please return to membership@bapsa.net along with any supporting documentation or motivation information. If you are making an offline payment for provider registration, please use banking details below, with your full name as reference. Proof of payment can be sent to accounts@bapsa.net.

Standard Bank South Africa

Account No: 052793850

Account Type: Current Account

Bank SORT Routing Number: 051001

Swift # SBZAJJ