

MedicAlert[®] APPLICATION FORM

HOW TO BECOME A MEMBER?

Please complete this form and *mail with your payment* details to:

MedicAlert, P O Box 4841, Cape Town, 8000. or info@medicalert.co.za - Print or type clearly.

For more information call Medic Alert on (021) 425-7328 or fax 021 4256654

MEMBERSHIP No.(IF APPLICABLE) YES NO

SURNAME INITIALS

HOME ADDRESS TITLE

.....

POSTAL ADDRESS

.....

PHONE: HOME () WORK ()

E-MAIL ADDRESS

CELL No.

BIRTH DATE ID NUMBER

DOCTOR'S NAME

DOCTOR'S PHONE No.

MEDICAL AID

MEMBERSHIP No.

HOSPITAL PLAN

MEMBERSHIP No.

PREFERRED HOSPITAL

HOSPITAL FOLDER No.....

EMERGENCY CONTACTS (FRIEND, RELATIVE)

SURNAME INITIALS TITLE

POSTAL ADDRESS

.....

PHONE: HOME () WORK ()

CELL No.

.....

ADDITIONAL PERSON TO CONTACT (preferably not at same address)

SURNAME INITIALS TITLE

HOME PHONE ()

WORK PHONE ()

CELL No

MEDICAL INFORMATION (Add extra page if necessary)

.....

.....

.....

.....

Medical Aid details on emblem: Yes No

MedicAlert will engrave the most vital medical information on your emblem and retain all pertinent info in the computerized file. **Please call if you wish to discuss engraving**

Medical Aid details frequently change, and thus would require a new emblem (at member's cost) if details are engraved. The alternative wording would be *On Medical Aid*, and the details kept on our database.

Engraving space is limited by size of emblem. Small bracelet: 60 spaces. Large bracelet: 90 spaces. Necklace: 95 spaces. Dog tag: 114 spaces. Charm disc 39 spaces. Silicone 20 spaces. Always leave one space between words.

JOINING OR MEMBERSHIP FEE

R140 Joining fee

R

NB Please add choice of emblem below

Membership Fee R66 annually MA Classic R250 pa

R

MA Plus R748 pa or R68 pm

R

EMBLEM ORDER FORM

Select your style of emblem by crossing the block that matches the code. All Emblems include a PVC Card. Prices, excluding 9ct gold, are valid for 3 months. In the event of a change taking place as far as emblems and chains are concerned, any payment received reflecting the old price will be taken on account and the balance owing will be requested.

For safe delivery of all emblems, it is necessary to pay for postage. Please add this to your order. (For bracelets, please specify total length - including disc - required).

Stainless steel

A1 Small B/let R160 A2 Large B/let R170

R

A3 Necklace R180

R

Sterling Silver

B1 Small arm disc R355. With chain R560

R

B2 Large arm disc R545. With chain R780

R

B3 Neck disc R345. With chain R555

R

B4 Charm Bracelet Disc & Small link chain R455

R

Disc & Large link chain R675 Disc only R268

R

Gold [9 carat]

C1 Small arm disc R1 645. With chain R3 420

R

C2 Large arm disc R2 240. With chain R4 380

R

C3 Neck disc R1 645. With chain R3 090

R

C4 Charm Bracelet Disc & Small link chain R2300

R

Disc & Large link chain R3260 Disc only R995

R

All gold & silver discs are sent per Speed Post/Courier after processing.

Velcro Straps (for Sports) & Silicone Bands

V1 Velcro only R55. V2 Velcro and small stainless

R

steel R215. V3 Velcro & large stainless steel R225

R

Silicone bands R165 – 160mm 180mm 202mm

R

Other products:

A5 Dogtag (Single) R200

R

A6 Dogtag (Double) R230

R

Postage (R55 Registered Post/R105 Speed Post/Courier)

R

DONATION

R

TOTAL

R

Please allow 2 – 3 weeks for delivery.

IMPORTANT: By accepting membership of MedicAlert, you authorise MedicAlert to release information in emergencies or to healthcare personnel whom you designate.

.....
Signature of member Date

SILICONE BAND ORDER FORM

Please mark size required:

- | | |
|--------|--------------------------|
| 160 mm | <input type="checkbox"/> |
| 180 mm | <input type="checkbox"/> |
| 202 mm | <input type="checkbox"/> |

For safe delivery of silicone bands, it is necessary to pay for

Registered (R55.00) or Speed Post (R105.00).

Please add this to your order

Information to be engraved (maximum 20 characters):

.....

ORGAN DONOR REGISTRATION FORM
OPTIONAL FOR VOLUNTEER DONOR

Please fill in and return to Medic Alert after discussing your decision with your next-of-kin.

I, the undersigned do hereby donate any of the organs or tissue indicated hereunder, to any hospital or medical institution after my death, for the furtherance of medical science in transplant or any other surgery, for any of the purposes referred to in Section 4(1) of the Human Tissues Act, No 65 of 1963.

MARK WITH AN 'X'

Heart	<input type="checkbox"/>	Skin	<input type="checkbox"/>	Lungs	<input type="checkbox"/>
Liver	<input type="checkbox"/>	Kidneys	<input type="checkbox"/>	Bone	<input type="checkbox"/>
Cornea	<input type="checkbox"/>	Pancreas	<input type="checkbox"/>	Pacemaker	<input type="checkbox"/>

Signed at..... this day of yr

Witnesses 1 2

Signature of donor.....