



**PREMIER SERVICE
MEDICAL AID SOCIETY**

We value your health

APPLICATION FOR CORPORATE MEMBERSHIP

NAME OF ORGANISATION _____

POSTAL ADDRESS _____

PHYSICAL ADDRESS

BRIEF DESCRIPTIONS OF ACTIVITY _____

NUMBER OF EMPLOYEES _____

DATE OF ELIGIBILITY _____

CONTACT PERSON _____

DESIGNATION _____

TELEPHONE NUMBER(S) _____

E-MAIL ADDRESS _____

1. We apply for membership of the Society and if our application is approved by the Board to abide by the MEMORANDUM OF AGREEMENT at all times. We declare that to the best of our knowledge and belief the information given is true and correct.
2. We accept corporate membership of the Prudent Fund. Yes/No.
3. We accept the Drug Facility. Yes/No.

SIGNATURE _____ **DATE** _____ **OFFICIAL STAMP**

NOTE PLEASE

PAYMENT OF SUBSCRIPTIONS

Presently PSMAS accepts data in their prescribed format. **NO OTHER** media will be accepted for electronic interchange. However, a facility where schedules can be submitted (also on a prescribed format) is available.