



MEDICAL AID SOCIETY OF CENTRAL AFRICA

BULAWAYO HEAD OFFICE

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HARARE OFFICE

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APPLICATION FOR MEMBERSHIP (GROUP)

(For Firm, Business, Club, Commission, Authority, Partnership, Trade or Profession)

On behalf of our Group we hereby apply to become members of the Medical Aid Society of Central Africa with effect from_____ . If approved by the Committee we

undertake to abide by the Rules of the Society as amended from time to time.

We have noted in particular the following rules of importance and understand:-

- (a) RULE 8 That it is our responsibility to appoint a representative/liasion Officer and advise MASCA of the Person's name. Such Officer should liaise with the Society on all matters and in terms of clause 10, 11, 12 and 13 of the rules, arrange for an appropriate person to make relevant contribution deductions from salaries and prepare a monthly Statement of contributions and membership changes that should reconcile to the MASCA Statement.
- (b) RULE 23 That all monthly returns and contributions are due and payable on the first day of the month for that month.
- (c) RULE 23 That should payments remain unpaid until the seventh day of the month all Medical/Dental practitioners claims will be suspended. Penalties may be imposed if contributions have not been received within 30 days and thereafter membership will be terminated.
- (d) RULE 6 That an employee shall only be eligible for membership if his/her application is received within three months of the date hereon or the date he/she joined our service.

N.B. It will be the responsibility of the appointed Liaison Officer to ensure that all new entrants complete the necessary application forms detailing the employee's/dependants particulars and choice of doctor/pharmasists.

Name of Group:_____

Contact Person (Liaison Officer):_____

Address:_____

P. O. Box:_____ Tel:_____ Fax:_____ E-Mail:_____

Name of Partners, Directors, Principals, etc:_____

Date:_____

Signature:_____

OFFICIAL POSITION IN THE ORGANISATION