



## QuadPara Association Gauteng North Membership Application

(Aligned to the QASA Constitution dated September 2013)

P O Box 1875, Brooklyn, 0075, 10 Bloem Street, Pretoria Central, 0002

Kindly complete the form and e-mail it to us on [manager@qagn.co.za](mailto:manager@qagn.co.za) or fax it to 086 219 0263

Title: (Mr/Mrs/Miss/Ms/Dr)	Mr <input type="checkbox"/>	Mrs <input type="checkbox"/>	Miss <input type="checkbox"/>	Ms <input type="checkbox"/>	Dr <input type="checkbox"/>
Name:					
Surname:					
Gender:	Female <input type="checkbox"/>			Male <input type="checkbox"/>	
Marital Status:	Married <input type="checkbox"/>	Single <input type="checkbox"/>	Divorced <input type="checkbox"/>	Widowed <input type="checkbox"/>	
Home Language:					
ID Number					
Physical Address:					
Ethnicity (Race)	African <input type="checkbox"/>	Indian <input type="checkbox"/>	Coloured <input type="checkbox"/>	White <input type="checkbox"/>	
Province:					
Telephone Number: ( Code and Number )					
Fax Number:					
Cell Number:					
Email Address:					
Recreational Activities:					
Disability:					
Assistive Devices used:					
In which hospital did you rehab?					
Are you employed?	YES <input type="checkbox"/>			NO <input type="checkbox"/>	
Occupation?					
Do you require employment?	YES <input type="checkbox"/>			NO <input type="checkbox"/>	
Do you have your own transport?	YES <input type="checkbox"/>			NO <input type="checkbox"/>	
Is your accommodation accessible?	YES <input type="checkbox"/>			NO <input type="checkbox"/>	
How did you hear about us?					

Signature:	Date applied:
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*By signing this membership form, I have read and agree to abide by the QASA & Regional Association Constitutions, QASA Member and Associate Member Code of Good Conduct Policy, QASA Membership Policy and to receive communication from QASA & Regional Association via email /post from time to time.*

**Date processed (QAGN use)**

**Membership fee: R20.00 per annum**  
 If you cannot afford to pay the above membership fee, please submit your form to QAGN with your request to waive the membership fee.  
**Quadriplegics and Paraplegics are defined Members.**  
**Non Quadriplegics and non Paraplegics are defined Associate Members (QASA Constitution September 2013).**

Kindly make payment by EFT and send proof of payment to QAGN ([manager@qagn.co.za](mailto:manager@qagn.co.za)), alternatively, deposit the amount into QAGN account and send to proof of payment QAGN by post or fax to 086 219 0263

**Banking details: QAGN, ABSA Acc No: 1430480509 Branch Code: 632005**

**Should you forward your CV to QAGN, this will be an indication that you are requesting QAGN to direct your CV to employment opportunities through whatever means QAGN feels appropriate, including prospective employers and employment agencies, and you have given consent for this.**

**FOR OFFICE USE ONLY**

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