

**MEMBERSHIP NUMBER:**

<b>ARE YOU AN EXISTING MEMBER?</b>	Yes <input type="checkbox"/> No <input type="checkbox"/>
<b>Title</b> (please tick box)	Mr <input type="checkbox"/> Mrs <input type="checkbox"/> Miss <input type="checkbox"/> Ms <input type="checkbox"/> Dr <input type="checkbox"/>
<b>Name and Surname:</b>	
<b>Gender</b> (please tick box)	Female <input type="checkbox"/> Male <input type="checkbox"/>
<b>Marital Status:</b>	Married <input type="checkbox"/> Single <input type="checkbox"/> Divorced <input type="checkbox"/> Widowed <input type="checkbox"/>
<b>Home Language:</b>	English <input type="checkbox"/> Afrikaans <input type="checkbox"/> Zulu <input type="checkbox"/> Other <input type="checkbox"/>
<b>ID Number:</b>	
<b>Physical Address:</b>	

<b>Ethnicity (Race)</b> (please tick box)	African <input type="checkbox"/> Indian <input type="checkbox"/> Coloured <input type="checkbox"/> White <input type="checkbox"/>
<b>Province:</b>	
<b>Telephone Number:</b>	
<b>Fax Number:</b>	
<b>Cell Number:</b>	
<b>Email Address:</b>	
<b>Recreational Activities:</b>	

<b>Disability:</b>	
<b>Assistive Devices used:</b>	
<b>In which hospital did you rehab?</b>	
<b>Are you employed?</b>	Yes <input type="checkbox"/> No <input type="checkbox"/>
<b>Occupation?</b>	
<b>Do you require employment?</b>	Yes <input type="checkbox"/> No <input type="checkbox"/>
<b>Do you have your own transport?</b>	Yes <input type="checkbox"/> No <input type="checkbox"/>
<b>Is your accommodation accessible?</b>	Yes <input type="checkbox"/> No <input type="checkbox"/>
<b>How did you hear about us?</b>	

<b>Signature</b> (please sign in block above)	<b>Date Applied</b>
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*By signing this membership form, I agree to abide by the Constitutions of QuadPara Association KZN and QASA, QASA Member and Associate Member Code of Good Conduct Policy, QASA Membership Policy and to receive communication from QuadPara AssociationKZN or QASA via email/post from time to time. These documents are available at the office of QuadPara Association of KZN.*

**Membership fee: R20.00 per annum / R250.00 Lifetime Membership**

Please submit your form to QAK with your proof of payment. Non Quadriplegics and non Paraplegics are defined Associate Members (QASA Constitution September 2013).

Kindly make payment by EFT and send proof of payment to QAK (qpak@itelsa.net) or deposit the money into QAK account and send proof of payment by post of fax to 031 702 6832

**Banking details: QAK \* Nedbank, Kings Road \* Acc No: 1336008652 \* Branch Code: 133626**

<b>FOR OFFICE USE ONLY</b>					
<b>CAPTURED</b>	<input type="checkbox"/>	<b>RI</b>	<input type="checkbox"/>	<b>CV</b>	<input type="checkbox"/>
<b>BULK EMAIL</b>	<input type="checkbox"/>	<b>POST</b>	<input type="checkbox"/>	<b>QASA COPIED</b>	<input type="checkbox"/>