



# QuadPara Association North West Province Membership Application

(Aligned to the QASA Constitution dated September 2013)

P O Box 6404, Flamwood, 2752, 16 Rothman Street, Wilkopies, Klerksdorp, 2571

Kindly complete the form and e-mail it to us on [huisservaas@telkomsa.net](mailto:huisservaas@telkomsa.net) or fax it to 018 468 8303

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:	

*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 (QANW use)**

**Membership fee: R20.00 per annum**

If you cannot afford to pay the above membership fee, please submit your form to QANW 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 QANW ([huisservaas@telkomsa.net](mailto:huisservaas@telkomsa.net)), alternatively, deposit the amount into QANW account and send to proof of payment QANW by post or fax to 018 468 8303

**Banking details: QANW, Standard Bank Acc No: 030681529 Branch Code: 052638**

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

### FOR OFFICE USE ONLY

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