

QuadPara Association of South Africa Membership Application

(Aligned to the QASA Constitution dated September 2013) Membership & Associate Membership can be applied for directly to QASA if you do not reside in an established Regional Association. If you reside in a Province that has an established Regional Association then you must become a Member of the Regional Association.

Kindly complete the form and e-mail it to us on secretary@qasa.co.za or fax it to (031) 767 0584

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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. 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. By signing this membership form you also agree that we may have the opportunity of using your photo should you participate in our events, in our reporting.

Membership fee: R20.00 per annum

If you cannot afford to pay the above membership fee, please submit your form to QASA 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).

Banking details: QASA, Nedbank Pinetown Acc No: 1339 473267, Branch Code: 133 926

Payment can be made using



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Date processed (QASA use)									
Captured		RI		CV		Bulk Mail		Post	