

## QuadPara Association of South Africa Membership Application

(Aligned to the QASA Constitution dated September 2020) 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](mailto:secretary@qasa.co.za)

**0860 ROLLING**

<b>Title: (Mr/Mrs/Miss/Ms/Dr)</b>	Mr <input type="checkbox"/>	Mrs <input type="checkbox"/>	Miss <input type="checkbox"/>	Ms <input type="checkbox"/>	Dr <input type="checkbox"/>
<b>Name:</b>					
<b>Surname:</b>					
<b>Gender:</b>	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>					
<b>ID Number</b>					
<b>Physical Address:</b>					
<b>Ethnicity (Race)</b>	African <input type="checkbox"/>	Indian <input type="checkbox"/>	Coloured <input type="checkbox"/>	White <input type="checkbox"/>	
<b>Province:</b>					
<b>Telephone Number:</b> (Code and Number )					
<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>				<b>Date applied:</b>	
<p><i>By signing this membership form, I have read and agree to abide by the QASA &amp; Regional Association Constitutions, QASA Member and Associate Member Code of Good Conduct Policy, QASA Membership Policy and to receive communication from QASA &amp; 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.</i></p>					
<p><b>Membership fee: R20.00 per annum</b></p>					
<p>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 2020).</p>					
<p><b>Banking details: QASA, Nedbank Pinetown Acc No: 1339 473267, Branch Code: 133 926</b></p>					
<p><b>FOR OFFICE USE ONLY</b></p>					
Captured	RI	CV	Bulk Mail	Welcome	

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