



QuadPara Association of South Africa Membership Application

(Aligned to the QASA Constitution dated September 2023) 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

0860 ROLLING

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"/>	Colored <input type="checkbox"/>	White <input type="checkbox"/>		
Province							
Cell Number							
Alternative Number							
Email Address *							
Sign up for Rolling Inspiration Magazine & Newsletter				YES	NO		
Highest Level of Education		Primary School	High School	Matriculant	Undergraduate Degree	Postgraduate Degree	
Disability		Paraplegic	Quadriplegic	Tetraplegic	Associate Member (Other)		
Assistive Devices used		Manual WC	Power WC	Other:			
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"/>	Do you have a Valid Driver's License?		YES <input type="checkbox"/>	NO <input type="checkbox"/>
Is your accommodation accessible?		YES <input type="checkbox"/>		NO <input type="checkbox"/>			
Are you a beneficiary of the Road Accident Fund?		YES <input type="checkbox"/>	NO <input type="checkbox"/>	Are you a beneficiary of Workman's compensation?		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. In accordance with the Protection of Personal Information Act (POPIA), 2013, you consent to receiving direct project/services/marketing communications from our organisation via electronic means (such as email, SMS, telephone calls, or similar communication methods). 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. ***Compulsory information**

MEMBERSHIP IS LIFETIME

Quadriplegics and Paraplegics are defined Members.

Non-Quadriplegics and non-Paraplegics are defined Associate Members (QASA Constitution September 2023).