



## QuadPara Association Gauteng North Membership Application

(Aligned to the QASA Constitution dated September 2013)

P O Box 1875, Brooklyn, 0075, 10 Bloem Street, Pretoria Central, 0002

Kindly complete the form and e-mail it to us on [manager@qagn.co.za](mailto:manager@qagn.co.za) or fax it to 086 219 0263

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.					
<b>Date processed (QAGN use)</b>					
<b>Membership fee: R20.00 per annum</b> If you cannot afford to pay the above membership fee, please submit your form to QAGN with your request to waive the membership fee. <b>Quadriplegics and Paraplegics are defined Members.</b> Non Quadriplegics and non Paraplegics are defined Associate Members (QASA Constitution September 2013).					
Kindly make payment by EFT and send proof of payment to QAGN ( <a href="mailto:manager@qagn.co.za">manager@qagn.co.za</a> ), alternatively, deposit the amount into QAGN account and send to proof of payment QAGN by post or fax to 086 219 0263					
<b>Banking details: QAGN, ABSA Acc No: 1430480509 Branch Code: 632005</b>					
<b>FOR OFFICE USE ONLY</b>					
Captured		RI	CV	Bulk Mail	Post
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