



MEMBERSHIP APPLICATION FORM

**None of your information will be disclosed unless you authorise it*

Everyone is welcome to join WAND – men and women with and without disabilities.

PERSONAL INFO

Title

Name

Surname

Mobile no.

Landline no.

Email

City/Town

Province

Country

GENERAL INFO [Please tick relevant box]

Gender Male Female

Date of birth

Age

Employed Yes No

- Disability/
Impairment Types
- Mobility
 - Deaf
 - Hearing loss
 - Vision
 - Mental
 - Speech
 - Learning
 - Intellectual
 - None

Are you the mother/father of a disabled child? Yes No

MEMBERSHIP TYPE [Please tick relevant box] *Please note that membership is free for persons with disabilities

- Individual
 - NGO
 - Corporate
 - Public/Government
 - Small Business
- Refer to the membership benefits section for an outline of the rates

ORGANIZATION INFO

Organization Name

City/Town

Country

Entity Type

- Financial Advertising/Sales/Marketing Manufacturing Agriculture
 Chemical/Pharmaceutical Education Government/Public
 Information Technology Legal Medical Automotive Consultancy
 Transport Fashion & Beauty Health Care Petroleum Other

Position held

Website URL

Signature

Date

Please scan and email to profdisability@gmail.com or send a fax to 021 976 8465