

PLEASE ATTACH A

PASSPORT SIZE

PHOTO HERE

Changing Disabilities MEMBERSHIP FORM



MEMBERSHIP APPLICATION

APPLICANT INFORMATION

Name:

Surname:

Date of birth:

ID No:

Residential address:

City/Town:

Postal Code:

Postal Address:

City/Town:

Postal Code:

Gender : Male

Female (*Please circle*)

Home Language:

Marital Status:

OTHER CONTACTS/NEXT OF KIN

Name:

Surname:

Contact Number:

Relation:

SIGNATURES

DECLARATION

I solemnly declare that I will abide by the aims and objectives of the Changing Disabilities as set out in the Organization's Constitution and other duly adopted policy positions, that I am joining the organization voluntarily and without motives of material advantage or personal gain, that I agree to respect the Constitution and the structures and to work as a loyal member of the organization, that I will always strive to changing disabilities and help the organization to reach great height.

Signature of applicant:

Date:

Signature of spouse (*only if for a joint membership*):

Date:

CHANGING DISABILITIES.

Cnr Trichardt Road and Dumane Street- Parkdene- Boksburg, 1459, South Africa

CELL: +27835956168 – FAX: +27865419261

REG: 2018/102800/07 – VAT: 9100878231

"Walk with me and change lives"

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