



Overstrand Association for Persons with Disabilities

Membership Application Form

Membership Type:

- ☐ Ordinary Member
- ☐ Student Member
- ☐ Volunteer Member
- ☐ Corporate Member

Personal Information

Full Name: _____

Date of Birth: ____ / ____ / ____

ID/Passport Number: _____

Gender: _____

Postal Address: _____

Phone Number: _____

Email Address: _____

Employment Information

Occupation: _____

Employer/Organisation: _____

Interest in the Organisation

Why would you like to become a member?



How would you like to contribute?

- ☐ Volunteering
- ☐ Fundraising
- ☐ Community Outreach
- ☐ Administrative Support
- ☐ Professional Expertise
- ☐ Other: _____

Membership Fee

Annual Membership Fee: R20_

- ☐ Paid
- ☐ Not Yet Paid

Payment Reference Number: _____

Declaration

I hereby apply for membership of the organisation and agree to abide by its constitution, policies, and code of conduct. I confirm that the information provided is true and correct.

Applicant Signature: _____

Date: ____ / ____ / ____

Office Use Only

Application Received By: _____

Date Received: ____ / ____ / ____

Membership Approved: ☐ Yes ☐ No

Approval Date: ____ / ____ / ____

Authorised Signature: _____



Consent to Process Personal Information (POPIA):

By signing this form, you consent to the organisation collecting, storing, and processing your personal information solely for membership administration and communication purposes, in accordance with applicable privacy legislation.