



Membership Form

Please fill in relevant details

1. PERSONAL:

Name:	Date:
Address:	Gender: M / F
	Date of Birth:
	Marital Status:
Name of Partner / Contact Person:	Dependants:

2. CONTACT DETAILS:

Home:	Work:	Mobile:
E-mail:	Fax:	Other:

3. ACCIDENT: (If medical please go to question 4)

Level of Injury:	Complete / Incomplete	Date of Accident:
Please briefly describe how accident occurred:		

4. MEDICAL:

Level of Condition:	Complete / Incomplete	Date of Condition:
Please briefly describe medical condition:		

5. OTHER: (optional)

Nationality:	Citizenship:	Religion:
Do you smoke?	Do you Drink?	Recreational Drugs: Yes / No
Previous Occupation / s :		
Previous Hobbies / Interests:		
Describe your personality (circle which ones you feel apply to you):		
Friendly / Outgoing / Easygoing / Shy / Reserved / Other, please specify		
Describe your attitude towards life (circle which ones you feel apply to you):		
Conservative / Middle of the road / Broadminded / Other, please specify		

6. FOR OFFICE USE ONLY:

Date of Discharge:	ACC / Medical
Status: Tetra / Para / other, please specify	Membership: Full / Associate
Mobility: Electric Wheelchair / Manual Wheelchair / Walk with Aids / Fully Able	
Communication: No / Yes, please specify	
Buddy Programme: Yes / No	Buddy/s:
Buddy Requirements: Level of Injury / Age / Gender / Proximity / Religion / Hobbies / None	

TASC No: