



REMME-LOS SELF-HELP

SENTRUM VIR KWADRIPLIEë en PARAPLIEë
CENTRE FOR QUADRIPLLEGICS and PARAPLEGICS

P.O.Box / Posbus 785, Germiston, 1401.
23 Boxwood Road / Boxwood Weg 23, Primrose, 1401.
Tel: (011) 828-7002 Fax: 086 554-1222
Email: remme-los@absamail.co.za
Non-Profit Organization: 033-113 NPO

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:	
Date processed					
Membership fee: R50.00 per annum(if not disabled)					
Kindly make payment by EFT and send proof of payment to Remme-Los@absamail.co.za					
Bank details: ABSA Savings, Golden Walk, Acc nr: 9086344677					