

Membership Application/Renewal Form - Membership Period: 01 April 2023 to 31 March 2024

Name of organisation or individual:		
VAT number: (If applicable)		
Address: <i>Please include postal codes</i>	Physical:	
	Postal:	
Contact number/s:	Landline:	
	Mobile:	
	E-mail:	
	Fax:	
Contact person:	Name:	
	Job Title:	
	Contact number: Only if different to the above	
<p>Please indicate whether the WCFID may include the above contact details for: associations; organisations and centres (not personal details or the contact details of individual members) on a list that may be made available to the general public.</p> <p>Please <input checked="" type="checkbox"/> Permission granted: <input type="checkbox"/> Permission not granted: <input type="checkbox"/></p> <p>Name: _____</p>		
New members: <i>How did you get to hear about the WCFID?</i>		
<p>Important information: <i>Reference to membership of the WCFID</i></p> <p>1. The WCFID logo may not be used by members, including, but not limited to: use on websites and/or printed material.</p> <p>2. Members may, subject to all the requirements for membership having been met, use a text reference to membership. In all such references the full name: Western Cape Forum for Intellectual Disability, must be used.</p>		
<p>Membership rate: R60.00 per annum</p> <p>Type of member: <i>Please</i> <input checked="" type="checkbox"/> Individual: <input type="checkbox"/> Rural: <input type="checkbox"/></p>		
<p>Membership rate: R220.00 per annum</p> <p>Type of member: <i>Please</i> <input checked="" type="checkbox"/> Centres: <input type="checkbox"/> Schools: <input type="checkbox"/> Organisations: <input type="checkbox"/> Residential Facilities: <input type="checkbox"/> Protective Workshops: <input type="checkbox"/></p>		
<p>Newsletter: How would you prefer to receive the WCFID's quarterly newsletter? <i>Please</i> <input checked="" type="checkbox"/></p> <p>E-mail: <input type="checkbox"/> Post: <input type="checkbox"/></p>		
<p>When making a payment, please use the reference as shown on the WCFID's invoice. Remember to e-mail your completed membership form (pages 1&2), together with the proof of payment, to the WCFID.</p>		
Bank:	Standard Bank Mowbray – Branch Code 024909	
Account holder:	Western Cape Forum for Intellectual Disability	
Current Account Number:	071 300 643	

STATISTICS: This confidential information, linked to the B-BBEE Codes of Good Practice no. 36928 of 2013, is required for reporting and funding purposes only.

CATEGORIES	TOTAL	Male	Female	Black	White	Coloured	Indian	Other
Individual Member								
Staff/Volunteer staff								
Clients/ Learners/Residents								
Workers at Supported Employment Facilities								
GRAND TOTAL								

Please do not include age details of staff/volunteer staff

AGE GROUPS [excluding staff]	TOTAL	Male	Female	Black	White	Coloured	Indian	Other
Child Less than 18 yrs								
Youth 18 yrs up to 35 yrs								
Adult 36 yrs up to 59 yrs								
Older person 60 yrs and older								
GRAND TOTAL								

Completed by: _____

Job Title: _____ Date: _____

Thank you for supporting the WCFID

For more information about membership, please contact: Sandy Butler

Telephone: (021) 510 4686



E-mail: projects@wcfid.co.za