South African Disability Alliance

309-163 NPO | www.sada.org.za | Office: +27 83 320 2267 | E-mail: secretariat@sada.org.za

SADA MEMBERSHIP APPLICATION FORM

Applicants are required to complete the SADA membership Application Form and submit electronically to secretariat@sada.org.za with the required documents.

Applicants will be informed in writing of the outcome of their application once a decision is taken by SADA.

1. Organisational Details

Name of Organisation	
Name of contact person	
Telephone number	
Mobile Number	
Email	
Postal Address (including postal code)	
Physical Address	

2. **Organisational registration**

Please indicate the registration number in the relevant box:

NPO	*NPC*	*Trust*	*PBO*	*Professional body*

A copy of the relevant registration certificate(s) must be attached.

3. **Target group of your organisation**

Please list the disability categories your organisation provides services to:

_____

_____

_____

4. **Affiliation**

a. Is your organisation affiliated to or a member of any of the SADA member organisations?

Yes	No

b. If yes, please provide the name of the SADA member organisation:

_____

c. Is your organisation affiliated to or a member of any African or Regional body?

Yes	No

d. If yes, please provide the name of this body:

_____

_____

e. Is your organisation affiliated to or a member of any global body?

Yes	No

f. If yes, please provide the name of this body:

_____

g. Which other bodies/organisations is your organisation affiliated to?

_____

_____

Category of SADA membership

h. Please indicate the category of membership your organisation is applying for by marking the relevant box with an "X"

Full Membership	
Associate membership	

5. **Description of your organisation**

a. Please indicate which of these statements best describes your organisation:

The core focus and function of the organisation is in the field of disability	
The organisation has a direct interest in the field of disability beyond a commercial interest	
The organisation has a commercial interest in the field of disability	

b. Do you consider your organisation to be a:

OPD (Organisation of Persons with Disabilities), i.e. a membership-based organisation of persons with disabilities	
DSO (Disability Service Organisation), i.e. an organisation providing services to persons with disabilities	

c. Is your organisation aligned to any particular political party?

Yes	No

6. **Provincial representation**

As SADA is a national forum, full membership will be restricted to organisations operational in at least 50% of South African provinces. Please indicate by marketing an "X" in each province where your organisation offers services from an established office.

Eastern Cape		Free State		Northern Cape	
Gauteng		KwaZulu-Natal		Western Cape	
Limpopo		Mpumalanga		North West	

Application checklist

Please review your application and indicate completion and inclusion of each of the following elements by placing an "X" in the column on the right.

All questions answered	
Organisational registration certificate(s)	
Organisational constitution	
BBBEE certificate/declaration	
Application signed and dated	

Declaration

_____ (name of person submitting the application) is duly authorized to sign and submit this application for SADA membership on behalf of
_____ (name the organisation).

_____ _____

Signature Date