



Associate Membership Form

Please complete and return to: admin@omasa.org.za

Title:	
Name (s)	
Surname	
ID/Passport Number	
Postal Address	
Email Address	
Cell phone number	
Qualifications: OT, Social Worker, optometrist etc.	
Association with O&M	
OMASA Membership Number	<i>(new members will be given a membership number after being registered)</i>
HPCSA Registration Number	<i>(if applicable)</i>
Organisation employed by	
Position	
Postal address of employer:	
Work telephone number	
Work email address	
<i>Date:</i>	<i>Signature:</i>

OMASA is required to comply with the POPI Act. By completing this form you confirm that you are happy to receive OMASA correspondence by email, by contact number or other means, and that information held by OMASA may be used to achieve its stated objectives. Should you no longer wish to be a member of OMASA and would like to be removed from our mailing and contact list, kindly write an email stating this to: admin@omasa.org.za

Bank Details: First National Bank
Orientation & Mobility Association
Branch Code - 250655
Account Number: 62900216806
Reference: Please write your name as reference

If possible, please pay by EFT (electronic fund transfer) and not a cash deposit, which incurs bank charges to OMASA.

OMASA is not registered for VAT.

Types of Membership & Fees:

Professional: R300
Associate: R150
Student: R50
Organisational: R600