



PART 1

IDENTITY FORM

VSI AF FORM 001

Fill in the form below and return as above address or email address below:-

1. **Name:**.....**Next of Kin:**
2. **Date of Birth:**
3. **Address i) Postal:**
 ii) Residential:
 iii) E-Mail:
4. **Telephone :** **Mobile:**.....
5. **Do you have a Disability? (Tick Below) :**
 i) **Quadriplegia (Spinal Cord Injury)** **ii) : Paraplegia**
 iii) Amputee **iv) : Cerebral Palsy** **v) Spinal Bifida**
 vi)Partial Paralysis **vii) : Stroke** **viii) Old Age**
 ix) Other : Please State :
6. **If you are Spinally Injured : (complete below) :**
 i) **Date of Injury:** **ii) Level of Injury:**
 iii) Cause of Injury:
7. **If you are not a person with a Disability, state interest:**

8. **I agree to abide by the rules of the Association and enclose : -**

No.	Particulars	\$
i	Donation:	
Total		

*** Donations can be deposited to- Name: VSI AF, Account 82733849, BSP Bank**

Attach copy of deposit receipt with IDENTITY Form.

9. Signed/Thump print: **Date:**

