



**APPLICATION FORM FOR MEMBERSHIP 2024**

Please fill in the form and return it to the head office by hand or via email ([nnad@nnad.org.na](mailto:nnad@nnad.org.na)) or post.

Personal details

Full Names: \_\_\_\_\_

Gender: Male or Female (prefer not to say)

Nationality: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Place of Birth: \_\_\_\_\_

ID Number: \_\_\_\_\_

Cell Number: \_\_\_\_\_

Residential Address: \_\_\_\_\_

Region of Birth: \_\_\_\_\_

Are you employed: Yes / No

If yes, place of work: \_\_\_\_\_

Do you receive a disability grant? Yes / No

When did you join NNAD? \_\_\_\_\_

**Membership applied for: *Please underline, circle or indicate with an X***

- a) Deaf Ordinary / individual membership
- b) Honorary Membership
- c) Corporate membership
- d) Other - (Indicate): \_\_\_\_\_

**Terms and conditions of membership payment**

- ❖ Membership is payable annually (every year).
- ❖ Every membership holder should ensure his/her member fee is paid.
- ❖ Members who fall behind for 2 years in arrears, their membership shall be terminated. A new application should be done and application fees of N\$50.00 will be charged.
- ❖ Members should terminate their membership in writing by giving 30 days' notice.
- ❖ No refunds will be issued.
- ❖ Members with outstanding membership fees are not allowed to vote or stand for election.
- ❖ By signing here, I confirm that I understand the terms and conditions of membership and I will adhere to such conditions.

I \_\_\_\_\_ (full names) declare  
that the information in the above-mentioned is true and correct.

Signature of Applicant: \_\_\_\_\_ Date: \_\_\_\_\_

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**FOR OFFICE USE ONLY**

APPROVED \_\_\_\_\_ NOT APPROVED \_\_\_\_\_

Reason: \_\_\_\_\_  
\_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**ORGANISATION SEAL / STAMP**