**MEMBERSHIP REGISTRATION FORM**

**PERSONAL DETAILS:**

Title: …… First name: ……………………… Last name: ………………..…………… DOB……………..

Address: ………………………………………………………………………………………………

Post Code: ………………………………………………………..

Home Telephone no: …………………………………………….

Mobile telephone no: …………………………..........................

Email Address: …………………………………………………………………………

**. Y .** Please tick if you are happy to receive correspondence by email.

**EMERGENCY CONTACT DETAILS:**

Name …………………………...…………………………………. Relationship to you: …………………………………

Telephone number: ……………………………… Mobile number: ……………………………………............

Do you use a Carelink Service? **Yes/No** If so, which one: **………………………………………………….**

Are you happy for us to contact them if we are concerned about your welfare (i.e. if you didn’t answer the door when we are due to collect you, or if you were taken ill whilst using community transport)? **Yes/No**

**ACCESSIBILITY:**

Is there easy parking outside your home? **Yes/No** Is your home easy to find? **Yes/No**

If not, please give directions …..……………………………………………………………………………………………

Do you need any assistance from your home to our transport? **Yes/No**

Do you use a wheelchair? **Yes/No** If yes please specify the make and model:

…………………………………………………………………………………………………………………………………………………

If you use a wheelchair, are you able to transfer to a vehicle seat if needed? **Yes/No**

Do you use a walker or shopper? **Yes/No**

Do you use an oxygen cylinder? **Yes/No**

Are there any other details that you need to tell us about? .……………………………………………….

…………………………………………………………………………………………………………………………………………………

Where did you hear about us? ……………………………………………………………………………………………….

Please indicate which services you would like to use:

SHOPPING: **. YES/NO .** DIAL-A-RIDE: **. YES/NO .** TRIPS: **. . YES/NO**

**DECLARATION:**

I wish to apply to become a member of Nailsea & District Community Transport and agree to abide by its conditions of registration and carriage. I confirm that NDCT may use and/or share the above information in regards to transport issues and if they have concerns for my welfare only, and that I may revoke this authority at any time in the future. I have enclosed the cost of membership which is currently £20 for an individual & couple for 12 months.

Signed: …………………………………………………………………………………. Date: …..………………………………

**Please return your completed form to the address below and indicate (tick) your payment preference:**

**Nailsea & District Community Transport Limited**

**11/12 Coates Estate**

**Southfield Road**

**Nailsea**

**BS48 1JN.**

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| **I am enclosing a cheque (made payable to Nailsea and District Community Transport Limited) for £20 with my application form.** |  |
| **I want to pay by debit or credit card over the phone or set up a standing order. I will telephone the office to make the payment or request details for a standing order payment.**  |  |
| **I want to make the payment by a direct bank transfer from my bank account to NDCT’s bank account. CAF Bank, Account number 00008717. Sort code 40-52-40. Account name is Nailsea & District Community Transport.**  |  |