



KEEP MOBILE

Accessible Transport

Membership Application

OUR charity begins at YOUR home

Office use only	
Payment £	Cheque/Cash
Membership No	M
Services	D O E A S

Mr/Mrs/Ms/Miss	Name			Date of Birth	
Address				Post Code	
Telephone		Mobile Tel		E-mail:	

Do you have a Bus pass? If so what is the number		Expiry date
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Emergency Contact	Relationship	
Address		
	Telephone No.	

Long term illness or disability		
Do you take any medication?	Yes/no	If yes please provide details:

Do you use any of the following aids (please ring)

Walking Stick		Frame		Wheelchair		Power wheelchair
Make and model of wheelchair if known						

Scooters cannot be accommodated on our vehicles without special arrangements

Do you use					
A) Breathing aids ?	Yes/no		B) Oxygen ?	Yes/no	
Any others please give details:					

Do you suffer from travel sickness?	Yes/no	Can you use a ordinary seat on the bus?	Yes/no
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Can you gain access to your home on return? Yes/no	How did you hear of Keep Mobile?
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I am applying for membership of a group, the name of which is:

If completing the above there is no need to answer the following questions

I am applying for Dial a Ride/Dial a Ride and Day trips. (please delete as required)

I enclose enrolment fee of £1.00 plus annual subscription as advised by the society. I have received a copy of and agree to abide by the terms and conditions, of the society rules and amendments as they arise. I understand that the responsibility for the carrying and taking of any medication rests with me and that the above information is for emergency use only.

I confirm that I am unable to gain access to mainstream transport due to my disability or I am over the age of 70. Should this not be the situation transport will be terminated immediately.

All cheques to be made payable to Keep Mobile - there is no refund once registered..

signed	<input type="text"/>	Date	<input type="text"/>
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