

Membership Application



OUR charity begins at YOUR home

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

Mr/Mrs/Ms/Miss	Name	Date of Birth	
Address			
If you would like correspondence to go to an alternative address please let us know			Post Code
Telephone	Mobile Tel	E-mail:	
Do you have a Bus pass? If so what is the number		Expiry date	
If yes does this include a companion?		Yes/No	
Emergency Contact		Relationship	
Address		Telephone No.	
Long term illness or disability			
Do you take any medication?			
Do you have any Dietary Requirements?			

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

Walking Stick	Frame	Wheelchair	Power wheelchair
Model of wheelchair.			
Scooters cannot be accommodated			
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
Can you gain access to your home on return? Yes/no		How did you hear of Keep Mobile?	

We need to know your ethnic group (for funding) and would appreciate it if you could mark below the group you are nearest to.

White British	White (other)	White Irish	Mixed Race	Indian	Pakistani	Bangladeshi	Other Asian	Chinese	Black Caribbean	Black African	Black (others)	Other
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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. Membership does not guarantee transport

signed

Date