

 **Individual Membership Application**

Membership No…………………………………………………………………………………………………

|  |  |
| --- | --- |
| Surname |  |
| First Name(s) |  |
| Address |  |
| Post Code |  |
| Wheelchair(manual, electric, folding etc.)or walker (3/4 wheeler)? |  |
| Travel with carer? (They pay half fare) |  |
| Telephone |  |
| Mobile |  |
| Email |  |
| Emergency Contact NameTelephone Number |  |
| Signature  |  |
| Date |  |

Membership Accepted. Valid from……………………… to ………………………………..

Added to database………………………………………………………………………………………



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