

RING & RIDE MEMBERSHIP FORM



| | | | | | |
|----------------|----|-----|------|-----------|----|
| Title (circle) | Mr | Mrs | Miss | Ms | Dr |
| First name | | | | Surname | |
| Your address | | | | | |
| | | | | | |
| | | | | Post Code | |
| Phone No. | | | | Mobile | |
| Email | | | | | |
| Date of birth | | | | | |

| EMERGENCY CONTACT | | | |
|--|--|--------|--|
| Please give the contact details of the person we should contact in case of emergency | | | |
| Name | | | |
| Address | | | |
| | | | |
| Phone | | Mobile | |
| Relation to you | | | |

Reason for applying for the service (please tick)

Unable to use public transport

No public transport available

Are you in receipt of means tested benefits (e.g. Income support, pension credit)? No Yes

Do you have a disability or any special needs we should be aware of, e.g. partially sighted, wheelchair user, walking-aids etc No Yes

If Yes, please give details:

PLEASE TURN OVER

| FOR OFFICE USE | |
|---|------------------------|
| <input type="checkbox"/> Flexiroute updated | Date for renewal _____ |

Transport in Wheelchairs

If you use a wheelchair and must remain in your wheelchair in the vehicle, i.e. are unable to transfer to the car seat, please complete this section.

Wheelchair make

Model name/number

NB. We can only transport wheelchairs that are suitable for use in vehicles.

PRIVACY

At Community Action Ledbury we take your privacy very seriously. The information you have provided on this form will be kept securely and only used to provide the Ring and Ride and related services you request from us.

From time to time (approximately 3-4 times per year) we would like to send you our newsletter and details of other services we offer that you may be interested in, e.g. day trips to local attractions. Please tick below if you would like to receive these mailings:

Yes please

No thanks

MEMBERSHIP FEE

Please enclose your annual membership fee of ~

£15.00 single membership

£20.00 joint membership (each person must complete a form)

£5 if you are on benefits.

Cheques should be made payable to **“Community Voluntary Action Ledbury & District”**

Signature _____ Date _____

If you are completing the form on behalf of someone please complete this section:

Name (print)

Relationship to applicant

Please return this form to:
Ring and Ride
Community Action Ledbury
4B Hill House
Ledbury
HR8 2AA