**REGISTRATION FORM**

Please fill in the form below and send it to the Administration Manager at the address at the bottom of the page. Alternatively you can register on line at [www.wokingbustler.org.uk](http://www.wokingbustler.org.uk). All information will be treated as confidential.

**Details of Membership Applicant**

|  |  |
| --- | --- |
| Title (e.g. Mr / Mrs / Miss) |  |
| Name: |  |
| Address: |  |
| Post Code: |  |
| Telephone: |  |
| Email address: |  |
| Emergency contact name: |  |
| Emergency contact telephone: |  |
| What is the nature of your disability: |  |
| Date of birth: |  / / |
| Do you use a mobility aid? *(please state aid used e.g. stick, frame, manual or electric wheelchair):* |  Yes No |
| If you use a wheelchair, can you transfer in and out of it when inside the bus? |  Yes No |
| If you use a wheelchair, is it more than 28 in (71 cm) wide measured wheel to wheel? |  Yes No |
| Do you need to bring an escort with you when you travel? |  Yes No |
|  | **Please tick any regular destinations:** |
| Centres for the Community | Vyne 🖵 Moorcroft 🖵 St Marys 🖵  |
| Town Centre | Market 🖵 Civic Offices 🖵  |
| Supermarkets | Sainsburys Brookwood 🖵 Morrisons 🖵Waitrose Goldsworth Park 🖵 |

**If completing the form on behalf of Applicant**

|  |  |
| --- | --- |
| Title (e.g. Mr / Mrs / Miss) |  |
| Name: |  |
| Address: |  |
| Post Code: |  |
| Telephone: |  |
| Email address: |  |

Please provide below any other information you may feel is relevant.

I am resident in Woking Borough and have mobility difficulties which prevent me from using the standard bus services. I confirm that the information I have provided is true and correct.

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