**Thanet Community Transport   
Individual Membership Form**

**Personal Details**

Title: Mr/Mrs/Ms/Miss Date of Birth:..........................................................................

First Name: .......................................................... ... Surname:...............................................................

Address:..................................................................................................................................................

................................................................................Post Code:...............................................................

Telephone :

Home:..................................................... Mobile:...............................................................................

**Emergency Contact details**

Name:....................................................................................................................................................

Telephone Number:..............................................................................................................................

Relationship:.........................................................................................................................................

**Mobility Details:**

Are you registered disabled: Yes / No

Do you use a wheelchair?: Yes / No Is your wheelchair: Manual / Electric   
Can you transfer to a bus seat? Yes / No Is your wheelchair crash tested? Yes / No  
(Passengers who do not have a crash tested wheelchair will be unable to travel in their wheelchair and will need to transfer to a bus seat)

Walking Stick: Yes / No Walker: Yes / No Guide Dog: Yes / No   
Other: (Please State): .......................................................................................................................

**Invoice Details:**

Please specify the contact details of whom all the invoices should be sent to if not the customer joining.

Name:................................................................................................................................................

Address: ............................................................................................................................................

Email: ...............................................................................................................................................

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