



**Unit 3, Newman Park, Sedgeway, Common Road,
Witchford, Ely CB6 2HZ
01353 661161**

INDIVIDUAL / JOINT REGISTRATION

(1st member) Title _____ First Name _____ Surname _____
 (2nd member) Title _____ First Name _____ Surname _____
 Address _____ Phone No _____
 _____ Post Code _____ Mobile No _____

IN CASE OF AN EMERGENCY WHO SHOULD WE CONTACT?

Name _____ Mobile _____ Daytime No. _____

National Concessionary Bus Pass

Please show the number and expiry date below. Dial-a-Ride fares are halved with a Buss Pass.

1st Member

2nd Member

No. _____

No. _____

Expiry Date _____

Expiry Date _____

Date of Birth _____

Date of Birth _____

If you are registered visually impaired please supply registration number. No. _____

Please tick the 1st member column, and if an additional member is joining tick the 2nd member column with the main reason you need to use this service.

	1 st	2 nd
The local bus timetable does not meet my needs		
I live too far from the bus stop		
I find the local buses physically too difficult to use		
No bus service available		
I am disabled and cannot use the public bus service		
State other reason :-		

P.T.O

INDIVIDUAL / JOINT REGISTRATION Cont.

**When traveling with Ely Soham Dial-a-Ride, would you like to bring with you any of the following?
Please tick the appropriate box or boxes:-**

	1st	2nd		1st	2nd
Electric wheelchair			Wheeled frame		
Folding wheelchair			Shopping trolley		
Non-folding wheelchair			Walking stick		
Electric Scooter			Helping Dog		
Standing frame			Childs buggy		

**I /We wish to apply for membership and agree to abide by the conditions of membership.
I /We enclose a cheque for £10 (Single) £15 (Joint), made payable to ‘Ely Soham
Dial-a-Ride’.**

Signed.....

Signed.....

Date.....

**Thank you for completing the Registration Form. Please return it to the address shown
and upon receipt we will call you to confirm we have received your application and to arrange any
bookings for shopping etc or excursions.**

Please call us on 01353 661161 if you have any queries. We are always pleased to help.

**Fred Langford
General Manager**

**HELP! - Could you help somebody else by nominating them to receive an information pack? If so, please
complete the section below and a pack will be sent ASAP.**

Title _____ First name _____ Surname _____

Address _____ Post code _____