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**Dial-a-Ride Membership Form**

Mr/Mrs/Miss/Ms	
Surname	
Forenames	
Address	
Postcode	
Telephone Number	
Date of Birth	

**Please nominate a friend or family member that be contacted in case of an emergency.**

Name	
Telephone Number	
Relationship to member	

**Please state briefly the nature of your transport difficulty.**

Disability	
Illness	
Isolation	

**Do you use a wheelchair? Please tick applicable.**

Yes	<input type="checkbox"/>	No	<input type="checkbox"/>	Electric	<input type="checkbox"/>	Manual	<input type="checkbox"/>
Make:				Model:			

**Declaration**

I confirm that the above details, in support of my registration, are correct and that I find it difficult or impossible to use public transport.

Signature of Member		Date	
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Macintosh HD:Users:emilykeal1:Downloads:New Dial-a-Ride membership form.docx

On system	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
Membership taken over phone	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>