



Medway Norse Transport Membership Application Form

Office Use:
Membership No:
Zone:

Membership type required (please circle): Individual ***Family**

Title _____ **Name** _____

Date of birth _____

Address _____

Telephone No. _____

Mobile No. _____

Email _____

Preferred means of contact (please tick) Telephone Email Post

Preferred pick-up point (please select one)

I would like to be picked up from the bus stop at:

I have mobility difficulties and would like to be picked up from home

About your travel needs

Are you registered disabled? Yes No

Do you travel with a wheelchair or other mobility aid? Yes* No

*If yes, please provide details (wheelchair or scooter, electric or manual, whether you can be transferred to a bus seat): _____

Do you travel with special assistance (e.g. an escort)? Yes No

Please list any medical conditions that you think we need to know about :
(e.g. fainting fits, epilepsy, angina)

Emergency contact information

Please list the names and telephone numbers of two people who should be contacted in the case of an emergency:

Name _____ ☎ _____

Name _____ ☎ _____

Membership fee

Please tick: **£12 individual** or **£26 family**

***For family membership**

Please complete the attached sheet, giving the names of other passengers, their date of birth and details of any relevant medical conditions.

Checklist

Please tick to indicate:

- Membership fee **enclosed**
(cheques made payable to Medway Norse Transport)
- I confirm that I am eligible to use Villager services.
- I have read and agree to the terms and conditions of the Villager.

Signed _____ Date _____

Please return your completed form and membership fee to:

The Villager
Medway Norse Transport
Pier Approach Road
Gillingham
Kent ME7 1RX

If you have any queries, please telephone 01634 283248

Family Membership Additional Members



Please complete for all people to be included in the family membership in addition to the main contact person on the main form.

Additional family member 1

Name _____

Date of birth _____

Registered disabled? Yes No

Do you travel with a wheelchair or other mobility aid? Yes* No

*If yes, please provide details (wheelchair or scooter, electric or manual, whether you can be transferred to a bus seat): _____

Do you travel with special assistance (e.g. an escort)? Yes No

Please list any medical conditions that you think we need to know about :
(e.g. fainting fits, epilepsy, angina)

Additional family member 2

Name _____

Date of birth _____

Registered disabled? Yes No

Do you travel with a wheelchair or other mobility aid? Yes* No

*If yes, please provide details (wheelchair or scooter, electric or manual, whether you can be transferred to a bus seat): _____

Do you travel with special assistance (e.g. an escort)? Yes No

Please list any medical conditions that you think we need to know about :
(e.g. fainting fits, epilepsy, angina)

Additional family member 3

Name _____

Date of birth _____

Registered disabled? Yes No

Do you travel with a wheelchair or other mobility aid? Yes* No

*If yes, please provide details (wheelchair or scooter, electric or manual, whether you can be transferred to a bus seat): _____

Do you travel with special assistance (e.g. an escort)? Yes No

Please list any medical conditions that you think we need to know about :
(e.g. fainting fits, epilepsy, angina)

Additional family member 4

Name _____

Date of birth _____

Registered disabled? Yes No

Do you travel with a wheelchair or other mobility aid? Yes* No

*If yes, please provide details (wheelchair or scooter, electric or manual, whether you can be transferred to a bus seat): _____

Do you travel with special assistance (e.g. an escort)? Yes No

Please list any medical conditions that you think we need to know about :
(e.g. fainting fits, epilepsy, angina)

If you have more than four additional family members, please use a copy this form, or attach a separate sheet.

Please return this sheet with the main application form.