

GROUP MEMBERSHIP APPLICATION FORM

Please give details of your organisation.

Name of Organisation	Day-time/week-day Telephone Number
Address	Postal Address for Invoices See Note A.
E-mail Address	Anticipated Number of Passengers in a Travel Group See Note B.

Please identify the legal status of your organisation.

Please <u>underline</u> as appropriate.	
Profit-making organisation	Not-for-profit organisation
Community/voluntary group	Statutory body
Registered charity (Please supply number.)	Registered charity number:

Please indicate who may be members of your travel group.

Please <u>underline</u> as appropriate.	
People with physical isabilities	People with learning disabilities
People with mental health problems	People with forms of dementia
Elderly people	Other relevant conditions (Please specify below.)
See Note C.	

Please indicate how you will wish your group to be collected by Cambridge Dial-a-Ride.

Please <u>underline</u> as appropriate.	
Centrally from the organisation's address as above	Individually from private addresses
Centrally from another location/address (Please give details of location/address below.)	
See Note D.	

Please identify an official contact in case of any emergency while using Cambridge Dial-a-Ride services.

Name	Emergency Contact Telephone Number
Position in organisation	

On behalf of this organisation I wish to apply for Group Membership of Cambridge Dial-a-Ride. I have read the notes below. I enclose a cheque for the £15 annual membership fee payable to "Cambridge Dial-a-Ride".

Name:

Signature:

Date:

Please send the completed application form by post to:

Cambridge Dial-a-Ride, Unit B, Rene Court,1 Coldhams Road, Cambridge. CB1 3EW

Company Limited by Guarantee: Registered Number 3172130 Registered Charity: Number 1053924