



Membership Application Form

Thank you for your interest in becoming a member of sedcat. You will be joining many other people who every week, benefit from our services and travel in accessible transport.

1. Please complete this membership form and ensure that you sign it

2. Return this form to us at **info@sedcat.org.uk** or post to

SEDCAT
Castlepoint Shopmobility
Castlepoint Shopping Park,
Castle Lane West,
Bournemouth,
BH8 9XA.

3. On receipt of this form we will contact you and arrange to take the £10 membership fee

NAME (Mr/Mrs/Miss)

FIRST NAME

ADDRESS

.....

Post code Tel no.....

Age

Email.....

Do you use a wheelchair? **Yes/No**

Do you need to travel in the chair? ***Yes/No**

(*We will need to assess W/C prior to travel)

Where did you hear about the Scheme?

Emergency Contact:

NAME

Tel No

I declare that I am unable, or have difficulty in using public transport. I give my permission for a BAT Bus/Community Car driver to enter my house when I return home for a specific purpose. This may include bringing in my shopping from the bus. Other reasons for entering my house with my permission should be specific and should be noted on the driver's daily record sheet.

Signed Date.....

Any personal information given will be processed in accordance with UK Data Protection Legislation and that information is held in line with our privacy statement as set out in full on our website at www.sedcat.org.uk. A copy of our privacy notice will be sent to you with your membership card.