

EASI-CAB TRAVEL CLUB MEMBERSHIP APPLICATION

PLEASE GIVE YOUR FULL NAME AND ADDRESS

Title (Mr,Mrs,Miss,Ms)

First Name

Surname

Address

Telephone(home)

Telephone(Work)

E-Mail Address

PLEASE GIVE THE NAME OF SOMEONE WE SHOULD CONTACT IN THE CASE OF AN EMERGENCY

Title (Mr,Mrs,Miss,Ms)

First Name

Surname

Telephone (home)

Telephone(Work)

E-Mail Address

By obtaining these details,we will be able to understand your needs and this will assist us in providing a service to suit your own particular requirements

What gives you the most difficulty getting out and about?

Under 18 18-25 25-30 30-49 50-59 60-64 65-70 70+

Give us a little information,so we can give you the best service

What mobility aids do you use if any

MOBILITY AIDS

- Wheelchair Manual
- Wheelchair Electrical
- Electric buggy
- Wheelchair transfer
- Frame/Walking aid

HOW DID YOU LEARN ABOUT EASI-CAB?

- Word of Mouth
- Media
- Organisations
- Web Site
- Other

Signed:

All information given is treated in the strictest confidence