



South West Community Transport

HOPPA SHOPPA MEMBERSHIP

(Please use BLOCK CAPITALS and answer ALL questions)

NAME: _____

ADDRESS: _____

POST CODE: _____

TELEPHONE: _____

DATE OF BIRTH: _____

EMERGENCY CONTACT

NAME: _____ **TELEPHONE:** _____

RELATIONSHIP: _____

YEARLY MEMBERSHIP FEE FOR 2017/2018 = £10.00

PERSONAL STATUS (Tick appropriate box)

In receipt of Benefit? **Over 55?**

(Unemployment, incapacity or disability living allowance, etc)

Have a disability?

Please specify nature of disability: _____

Do you need to travel in a wheelchair? YES / NO **Do you have any other mobility issues?** _____

Do you need/use any mobility equipment: _____

Where did you hear about the Hoppa Shoppa service? _____

DECLARATION

I agree to abide by the terms and conditions set out in the Southwest Community Transport Service Leaflet and understand that any breach of these conditions may result in my membership being terminated.

SIGNED: _____ **PRINT NAME:** _____

DATE: _____

Please return your completed form to: South West Community Transport, Unit 12, 140 Woodhead Road, Glasgow G53 7NN – Telephone: 0141 881 9998 – Email: bookings@southwestct.org.uk