

**Shire Community Services Ltd**  
**1-3 Orient Way**  
**Wellingborough**  
**NN8 1AF**  
**Telephone No. 01933 223636**

**REGISTRATION FOR THE WELLIBUS MAXI-SERVICE**

**To register for the first time or to renew your membership please complete all sections of the form below. (If you are renewing your membership and there are no changes that we need to be aware of, there is no need to fill in this form.)**

**MEMBERSHIP NUMBER:** \_\_\_\_\_ (*Office use only*)

**Bus Pass Number:** \_\_\_\_\_ **Expiry Date:** \_\_\_\_\_

Mr./Mrs./Miss/Ms.: \_\_\_\_\_ **First Name:** \_\_\_\_\_ **Last Name:** \_\_\_\_\_

**Address:** \_\_\_\_\_

**Postcode:** \_\_\_\_\_ **Telephone Number:** \_\_\_\_\_

**Email:** \_\_\_\_\_

**Date of Birth:** \_\_\_\_\_

**Emergency Contact:** (Please give details of someone to contact in an emergency)

**Name:** \_\_\_\_\_ **Telephone:** \_\_\_\_\_

**Relationship to you:** \_\_\_\_\_

**Your doctor:** (Please give name, surgery address and telephone number of your GP)

**Name:** \_\_\_\_\_ **Address:** \_\_\_\_\_

**Telephone No.** \_\_\_\_\_

**Membership Fee: (£40.00 for the year) Please sign and return the form together with your payment to the above address.**

**PREFERRED PAYMENT IS BY CARD OVER THE PHONE (01933 223636)**

**HOWEVER, WE ARE HAPPY TO ACCEPT A CHEQUE OR CASH at the Office**

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CHEQUES TO BE MADE PAYABLE TO: **SHIRE COMMUNITY SERVICES LTD.**

**PLEASE ENSURE YOU FILL IN ALL SECTIONS OF THE FORM**

Do you need to travel with a mobility aid? Yes/No If yes please tell us what that is:

Do you have a guide dog? Yes/No

Do you need to bring someone with you? Yes/No

In order that we can assist you better, please let us know of anything else that you think we should know about: (any disability, medication, oxygen etc.)

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SIGNATURE.....

DATE.....

We would like to know how you heard about us?

If you are not renewing your membership, can you please tell us why.

- No longer required
- Poor value for money
- Bus Service does not meet my needs

Please tell us how we could improve our service: .....

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**EQUALITY AND DIVERSITY**

**Shire Community Services is committed to ensuring its services are available to all sections of the community, it does not discriminate on any grounds, ways, matters or forms.**

**Data Protection Declaration**

**I have read and accept the statement attached regarding data protection and agree to my data being held securely by Shire Community Services.**

SIGNATURE: .....

DATE: .....

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