

## DIAL-A-BUS USER REGISTRATION FORM

All information will be treated as confidential.

**Surname:** .....(Mr/Mrs/Miss)

**First Name:** .....

**Address:** .....

.....

**Post Code:**.....

**Telephone Number:**.....

**Email:**.....

**Date of Birth:** .....

I have a Concessionary Bus Pass, issued by the Kings Lynn & West Norfolk Borough Council.

**My last 8 numbers** are:.....

**Expiry Date:** .....

I would like to apply for membership of DIAL-A-BUS on the following grounds (Please tick all relevant boxes):-

- Rural isolation
- I am elderly and unable to use public transport
- I am registered blind or partially sighted.
- I am a wheelchair user
- I can transfer out of my wheelchair, once on the bus
- I use a walking aid, please describe: .....
- I have a disability which prevents me from using public transport. My disability is: .....

**Signature:** .....

**Date:** .....

Could you please give us a name and contact telephone number, in case of an emergency: Name: .....

Telephone:.....

PLEASE RETURN COMPLETED FORM TO:

**WEST NORFOLK COMMUNITY TRANSPORT  
ST AUGUSTINES CENTRE  
COLUMBIA WAY  
KINGS LYNN, NORFOLK PE30 2LB**