



FACT

**Your Community Transport
APPLICATION FOR MEMBERSHIP**

New Member		Existing Member – please give your membership number	
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PERSONAL INFORMATION

Title		First Name		Surname	
Home Address:					
Telephone Number:			Mobile Number:		
Date of Birth:			Email Address:		
Emergency Contact Name		Relationship to you		Telephone Number	
1					
2					

Have you or any member of your family served in the armed forces – please tick and give any details that you have		
RAF	ARMY	NAVY

Dial a Ride – must meet criteria		Day Trips		Befriending Club	
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CRITERIA FOR DIAL A RIDE

Do you have limited or no access to public transport or public transport does not operate at suitable times for you?	YES	NO
Do you find it difficult to use public transport due to disability? We will contact you if we need further information.	YES	NO
Do you find it difficult to use public transport due to other reasons? (assessed eligibility, please detail:	YES	NO

MOBILITY AND TRANSPORT NEEDS – do you regularly use & travel with any of the following

Are you a wheelchair user?	Yes	No	Manual	Electric
Make & Model of Wheelchair				
Are you able to transfer yourself from a wheelchair to a seat?	Yes	No		
Shopping Trolley/Small or Large	Walking Frame/Type	Walker/Type	Assistance Dog – Travel Free of Charge	
Sticks/Crutches	Carer/Escort	Oxygen Cylinder/Portable/Fixed	Mobility Scooter – Does It fold	

YOUR DECLARATION

Do you have a Cambridgeshire County Council Bus Pass, a copy maybe requested if needed		YES	NO
Bus Pass Number		Expiry Date	

I agree that if deemed necessary, a risk assessment relating to my safety when travelling maybe carried out.	
I confirm that I meet the criteria to qualify for the door to door transport for Fenland, Huntingdonshire or East Cambridgeshire Area.	
I confirm that I understand that the Terms and Conditions and Privacy Notice are available on request	
I declare that the information that I have provided is accurate and correct.	

To assist us with grant applications to help fund our activities from time to time we will take photos of members during their activities within the premises or on our minibuses. We seek your consent for the publishing or use of photos which you may be included. The photos will be used for grant applications and updates posted via the Facebook/Instagram page, website, and/or within the walls of FACT premises. For protection of privacy of you, we guarantee that names will not be included.

I consent to you using my photo I do not consent to you using my photo

Please enclose the £10 minimum annual membership donation.

If you would like to donate more than £10 please tick appropriate box below - 100% of donations received go back into the charity. If you are a UK taxpayer, please tick this box, this means that your kind donations are worth 25% more to the charity and of no extra cost to you.

Gift Aid Number: rw62757

£10 Minimum <input type="checkbox"/>	£15 <input type="checkbox"/>	£20 <input type="checkbox"/>	Other £ <input type="text"/>
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Signed	Date
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Please return this completed form signed and with official letter (e.g. utility bill) with your name and address on it.

Please make cheques payable to FACT and send all to FACT, 5 Martin Avenue, March Cambs PE15 0AY. (Telephone – 01354 661234)

A member's pack will be sent to you once your application has been approved along with any evidence documents.

FOR OUR INFORMATION

How did you hear about us?	Friend	HUB	Recommendation	Social Media	Saw the buses
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We would love to hear your suggestions please provide details of anything further we can do for you: