



## Membership Application Form

Thank you for your interest in becoming a member of sedcat. You will be joining many other people who every week, benefit from our services and travel in accessible transport.

1. Please complete this membership form and ensure that you sign it
2. Return this form to us at [info@sedcat.org.uk](mailto:info@sedcat.org.uk), or post to:

SEDCAT  
Castlepoint Shopmobility  
Castlepoint Shopping Park,  
Castle Lane West,  
Bournemouth,  
BH8 9XA.

3. On receipt of this form we will contact you and arrange to take the £12 membership fee

LAST NAME..... (Mr/Mrs/Miss)

FIRST NAME.....

ADDRESS

.....

Post code .....Tel no.....

Date of Birth.....

Email.....

Do you use a wheelchair? **Yes/No**      Do you need to travel in the chair? **\*Yes/No**  
(\*If you need to travel in your own wheelchair please ensure it is crash tested)

Do you have any other Mobility or Cognitive (eg. Dementia) requirements that we need to be aware of?

If **Yes** please specify. ....

Where did you hear about the Scheme? .....

### Emergency Contact:

NAME.....

Tel No.....

I declare that I am unable, or have difficulty in using public transport. I give my permission for a Sedcat driver to enter my house when I return home for a specific purpose, eg: after a hospital appointment if I have mobility difficulties. Other reasons for entering my house with my permission should be specific and will be noted to the office.

Signed ..... Date.....

Any personal information given will be processed in accordance with UK Data Protection Legislation and that information is held in line with our privacy statement as set out in full on our website at [www.sedcat.org.uk](http://www.sedcat.org.uk). A copy of our privacy notice will be sent to you with your membership card.