Ring and Ride Membership Form	
Name:	Please can all
	parts of the form
Address:	be completed
Post Code:	-
Home Telephone number:	Mobile Number:
Date of Birth:	Email address:
Do you have a special requiremen	t, if so, then please specify (ie Need a higher vehicle etc) (We will attempt to meet your need although this
may not always be possible)	,
Next of Kin Details:	
Name:	Relationship to Member:
Address:	
Post Code: Tele	phone number:
Reason for using the service (Plea	
	e public transport Disability
	If a disability please specify
-	Please provide proof that the carer receives Carers Allowance or (If they receive these benefits then the carer is not charged a fare when
Please tick if you are in receipt of the follo Guaranteed Pension Credit, Income relate documentary proof of receipt of these ben	
Ring and Ride is a service which relies on v booked, this is not always possible.	volunteers and while we always endeavour to provide a driver for drives
Signature:	Date:
Please indicate below whether yo	u will be paying by cheque, cash or setting up an account?
CHEQUE ACCOUNT	CASH
For office use:	
Date renewal is due	FR Updated: