

# GROUP MEMBERSHIP APPLICATION FORM



## GROUP DETAILS

Title ..... First Name ..... Surname: .....

Group/Organisation Name: .....

Invoice Address: .....

.....

Post Code: .....

Email Address: .....

Tel. Number ..... Mobile Number: .....

## PICKUP POINT

Our main pick up point will be: .....

.....

## ABOUT YOUR TRAVEL NEEDS

Please list disabilities (if any) that your group/organisation caters for .....

.....

Do any of your group travel in a wheelchair? .....  Y  N

Volunteer driver required? .....  Y  N

Have own driver? if yes name .....  Y  N

Does driver require MiDas (Minibus Driver Awareness Scheme) Training? .....  Y  N

## CHECKLIST

Please tick to indicate  £20 Membership fee enclosed  
(cheques made payable to Braintree District Council) or call 01376 557883 to pay by Debit Card

Signed: ..... Date: .....

Please return your completed form and membership to: **Braintree District Council, Causeway House, Braintree CM7 9HB**

If you have any queries, please telephone **01376 557883**  
or email **community.transport@braintree.gov.uk**

[www.braintree.gov.uk/communitytransport](http://www.braintree.gov.uk/communitytransport)

