



Mayfair Community Centre
Easthope Road
Church Stretton
SY6 6BL

01694 720025
ring.ride@mayfaircentre.org.uk

Name:

Mem. No.

Individual Annual Membership Application

About you

Surname: Title: (Miss, Mrs, Mr, Dr)

Preferred First Name: Date of Birth:

Address:

..... Postcode:

Email: Landline:

Mobile:

Emergency Contact's Name :

Relationship to you:.....(Friend/Relative) Landline:

Email: Mobile:

Eligibility

Do you have use of a car? Yes / No

Do you live in a rural area not served regularly by public transport? Yes / No

Do you have difficulty walking a moderate distance? Yes / No

Would you otherwise have difficulty using public transport on your own? Yes / No

For instance affected by visual impairment, memory loss etc.

Health & Disability

Do you have any sensory impairment?

- Hearing Sight Speech
- Memory loss

Do you use any of the following aids?

- Walking stick Manual wheelchair Extended wheelchair
- Walking frame Folding wheelchair Electric wheelchair

Please detail any illness/disability requiring special care?

.....

Are you registered as a person with a disability? Yes / No

Will you have your own escort with you? Yes / No

PTO

Vehicle Access

What difficulties might a minibus have when accessing your home? For instance gates, slopes, steps, uneven surface etc.

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Concessionary Bus Passes and the Cost of Travel

Passengers with a current concessionary bus pass benefit from free and discounted travel. If relevant, provide your concessionary bus pass no. Expires..... Any fares due will be invoiced with payments to be made in cash, by cheque or bank transfer as you prefer.

Privacy and Security

At The Strettons Mayfair Trust we take your privacy seriously and will only use your personal information for the purposes for which it was collected, including the provision of any services you have requested from us. A full copy of our Privacy Notice is available on our website or on request from the Mayfair Community Centre. From time to time we would like to contact you with details of news, events and other services we provide. If you are happy for us to contact you please tick to say how you would like us to contact you. Please tick all that apply to you: -

Post Email Telephone Text message Automated Call

Your Annual Membership Payment

I enclose (Please tick relevant box):

- £20 cash or
- Cheque for "Strettons Mayfair Trust" or
- I have transferred £20 to Sort code: 30 92 04, Account: 00025081
 - with the reference: R&R, my initials and surname.

Signature: Date:

Return to: **Mayfair Community Centre, Easthope Rd, Church Stretton, Shropshire, SY6 6BL.** Email: information@mayfaircentre.org.uk Tel: 01694 722077



The Strettons Mayfair Trust - Company no. 3307951 / Charity no. 1061049



Mayfair Reception / R&R:

Amount Paid: _____ (Cheque / Bank Transfer / Cash) on _____ received by _____

Ring & Ride Office:

Member No: _____ Start Date: _____ Database updated on: _____

Wheelchair User Assessment Required? Y / N Welcome Letter & Phone Call on: _____