## **Excursion Club**

## Membership Form

Please return to:
Community Transport Waltham Forest
Low Hall Depot
Argall Avenue
E10 7AS



Name:		
Address:		
Date of Birth:		
Postcode: I have read and understood the enclose		
and I enclose a £2 membership fee (c	heques payable to Walth	am Forest Community
Transport):		
Signed:	Date:	
Communication requirements		
Information required in Braille:	Yes	No
Information required in large print:	Yes	No
Interpreter:	Yes	No
If yes, state language:		
If in a wheelchair please state if it is n	nanual or electric:	
Emergency Contact Information		
Name:		
Address:		
	Post	code:
Home phone number:	Mobile phone nur	mber:
Relationship to you:		
Relationship to you:		

## Ethnic Origin – please tick

White British	Asian or Asian British
Irish	Bangladeshi
Any other white background	Indian
Black or Black British	Pakistani
African	Any other Asian background
Caribbean	Chinese or any other ethnic group
Dual or multiple heritage	Prefer not to answer

## **Transport Needs:**

Will you bring any of the following with you on Excursion trips??

	<b>X</b> 7	N.T.
Friend or relative to help you	Yes	No
Guide dog or helping dog	Yes	No
Walking frame	Yes	No
Walking stick or crutches	Yes	No
Wheelchair	Yes	No
If bringing a wheelchair, can you		
transfer onto a minibus seat	Yes	No