

# LAMBS

## MEMBERSHIP FORM (All information will be treated as confidential)

Mr/Mrs/Miss/other title.....

full name.....

address.....

.....

postcode..... phone number.....

### DECLARATION - Please tick one or more that apply to you.

I confirm that I am entitled to use LAMBS dial-a-ride service on the grounds that :-

- I am unable to make use of any available bus service that is currently provided in my community
- There is no bus service in my community which calls at my required destination
- There is no bus service in my community

Please tick one or more that apply to you.

### TO AID OUR DRIVER PLEASE CIRCLE WHICH APPLIES TO YOU

use a wheelchair	YES	NO
can you transfer from a wheelchair	YES	NO
use a walking aid	YES	NO
normally travel alone	YES	NO
travel with an escort	YES	NO
bring a guide/hearing dog	YES	NO
problems with access to your home	YES	NO

Please nominate a friend, relative or neighbour who can be contacted on your behalf in the event of us not being able to contact you, or if you are not on the telephone.

Name.....

phone no.....

When completed, please forward this form to :-  
L.A.M.B.S., 3 Butfield, Lavenham, CO10 9SD.