

# Borderhoppa

## MEMBERSHIP FORM

<b>OFFICE USE ONLY</b>	
<b>Membership Paid</b>	
<b>6 Months</b>	<b>12 Months</b>
<b>Membership Number</b>	

If you wish to become a Borderhoppa Member please complete and return this form with a cheque made payable to -

### Diss & District Community Transport Ltd (Borderhoppa)

<b>6 Months</b>	£6.00	
<b>12 Months</b>	£10.00	

Borderhoppa  
Half Moon Farm, The Street, Rushall, Norfolk IP21 4QD

Mr/Mrs/Ms/Miss \_\_\_\_\_

Address \_\_\_\_\_

Postcode \_\_\_\_\_

Email Address \_\_\_\_\_

Home Phone Number \_\_\_\_\_

Mobile Number \_\_\_\_\_

Emergency Contact Name \_\_\_\_\_

Emergency Contact Phone Number \_\_\_\_\_

### Special Requirements

Wheelchair User

<input type="checkbox"/>
<input type="checkbox"/>
<input type="checkbox"/>

Foldable Wheelchair/ Transfer

<input type="checkbox"/>
<input type="checkbox"/>
<input type="checkbox"/>

Walking Frame

Walking Stick

Trolley

Other Please State

All information is treated in confidence