

BIGGLESWADE AND DISTRICT BUS ASSOCIATION

Application for Membership

Child's Name	Date of Birth	School

Address Details:

Address:	Home telephone:
	Mobile:
	Work:
	Email:
Postcode:	

Parents' Names: _____

Date place required: _____ **Bus route:** _____

Pick up point on route: _____

Please enclose 2 x passport sized photographs for bus pass. Write name & school on the back of each photograph and enclose a sae.

I hereby apply for membership of the Association and agree to abide by its constitution and rules. I agree to pay one term in advance and to give one terms notice of leaving the Association.

I enclose the registration fee of £15 per family and a deposit of £100 per child.

Signed: _____ Date: _____

Cheques should be made payable to "**Biggleswade & District Bus Association**" and forwarded with this form to:

The Membership Secretary, C/O 6 The Baulk, Potton, Sandy, Beds, SG19 2DR