

BIGGLESWADE AND DISTRICT BUS ASSOCIATION

Application for Membership

Child's Name

Date of Birth School

Address Details:

Address:

Postcode:

Home telephone:

Mobile:

Work:

Email:

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 STAMPED, SELF ADDRESSED ENVELOPE for the return of your pass.

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.

Signed: _____ Date: _____

Please send this form to:

BDBA, 11 Laurels Close, Eynesbury, St Neots, Cambridgeshire, PE19 2HZ

If spaces permit please make payment online to BDBA Sort code 40-10-33, Account number 01000810