



# Shopmobility Registration Form

This form must be returned in person to Shopmobility, along with photographic ID, such as a passport, driving licence or bus pass and recent proof of your address.

**Title** (Mr/Mrs/Miss/Ms) \_\_\_\_\_

**Surname** \_\_\_\_\_ **First name(s)** \_\_\_\_\_

**Address**  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Postcode** \_\_\_\_\_

**Home telephone number** \_\_\_\_\_ **Mobile number** \_\_\_\_\_

**Y.O.B** \_\_\_\_\_ **Male/Female** \_\_\_\_\_

**Mode of transport to Shopmobility**  
\_\_\_\_\_  
\_\_\_\_\_

**Weight**  0-18st  18-21st  21-25st  
 25-32st  over 32st

**Choice of equipment** 1<sup>st</sup> \_\_\_\_\_  
2<sup>nd</sup> \_\_\_\_\_

**Your Council** \_\_\_\_\_

**How did you hear of Shopmobility?**  
\_\_\_\_\_  
\_\_\_\_\_

**Signature** \_\_\_\_\_ **Date** \_\_\_\_\_

The information contained in this application form is registered in accordance with the Data Protection Act.

FOR OFFICE USE ONLY

Method of identification of applicant	
Checked/Accepted by	
Membership card issued	