



# Vantastic Membership Form

Chase House, City Junction Business Park,  
Northern Cross, Dublin 17

\* Required

## Part One - Eligibility

*This must be completed by all applicants. It gives us information about you so that a decision can be made about whether you meet the Vantastic criteria for Membership*

### Eligibility \*

*Please tick most appropriate*

  

Person with a Disability

Older Person (65 plus years of age with mobility)

## Part Two - Membership Details

### Full Name \*

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### Date of Birth \*

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 / / 

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### Gender \*

*Please tick*

  

Male

Female

### Address \*

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### Telephone (Mobile preferred) \*

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### E-Mail

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### Mobility Aids Used \*

*Please tick as appropriate*

  
  
  

Electric Chair

Manual Chair

Wheelchair Transfer

Walking Frame

  
  

Walking Stick or Crutches

Guide Dog

Personal Assistant

## Part Three- Emergency Contact Details

*Please give us details of somebody we could contact on your behalf in case of an emergency, or if we are unable to contact you directly*

### Contact Name \*

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### Contact Number \*

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### Relationship to you \*

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## Part Four- Billing Details

We require full billing details before any journeys can be booked and undertaken

As Above in Part Two \*

  

Yes

No

*If No complete below*

Full Billing name

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Invoice / Statement Address

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Billing Telephone / Mobile

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Billing Email

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## Part Five- Information to help us help you

How did you hear about Vantastic

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Which Vantastic Services do you intend to use

  

Minibus Service

Self Hire Rental

## Part Six- Declaration

I declare that the information given is complete and true in all respects

Signed applicant

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Date

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*Signed on Behalf of applicant*

Signature

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Date

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Print Name

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Relationship

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