

# TISBUS

**Application for membership:**

**Name .....**

**Address.....**

.....

..... **Postcode .....**

**Telephone number.....**

**Emergency contact.....**

**Emergency contact number.....**

**E-mail address.....**

**Signed.....**

**Please return the membership form with a cheque for  
£5.00 to cover administration fees to :**

**The Coordinator, TISBUS, 1 Rookery Lane, Swallowcliffe,  
Near Tisbury, Wiltshire, SP3 5NT.**

**Assistance is available and willingly given but TISBUS  
cannot accept responsibility for any accidental injury  
caused.**