

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
£10.00 for 10 years membership 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.**