BEDFORD AREA BUS USERS SOCIETY

MEMBERSHIP APPLICATION Membership No (office use)____

I/we wish to become a Member of the Bedford Area Bus Users' Society and agree to conform to the aims and objectives of the Society. Society membership is open to all interested in bus services that operate in Bedford and the surrounding county of Bedfordshire.

Full Name (or representative name if group/organisation)	
Position in organisation (if group/organisation)	
Organisation (group/organisation only)	
Postal address including postcode.	
Telephone	
Email address	

Membership Fees payable from the 1st April annually

Tick where applicable: ☐ Individual £3.00 ☐ Organisation £12.00

Please tick all that apply:

I use buses for: ☐ going to school/college ☐ going to work ☐ Other (please state):
☐ leisure ☐ shopping

☐ I have a concessionary bus pass ☐ I am a professional dealing with transport

In order to comply with the provisions of the Data Protection Act 1998, Bedford Area Bus Users Society is required to gain your consent to its holding and processing information about you. This information will be used only to maintain a computerised membership database.
Signed:
……..
Cheque payments payable to "**Bedford Area Bus Users' Society**"
Forward completed form to BABUS Membership Secretary:
Mr S Norton
6 Hertford Street,
Cambridge
CB4 3AG.

Contact telephone for queries: 0870 4861369 (24 hour answering)
If you wish to receive a receipt by post, please enclose an SAE.
Members are recommended to register on the bulletin board (found under our website babus.org.uk)

Office Use

Membership accepted ☐ Dated_____ Receipt Issued ☐

Fee Paid £_____ Date_____ Filed ☐