| BOBs TRAVEL CLUB – Membership application | | |
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| Applicant Information | | |
| Name: | | |
| CONTACT INFORMATION | | |
| Address: | | |
| City: | County: | Post Code: |
| Phone: | E-mail: |  |
| Emergency Contact | | |
| Name: | | |
| Address: | | Phone: |
| City: | County: | Post Code: |
| Relationship: | | |
| Spouse Information if joint membership | | |
| Name: | | |
| Address: | | |
| City: | County: | Post Code: |
| Phone: | E-mail: |  |
| **Terms and Conditions**   1. Membership is confirmed once annual fee is received 2. Membership is open to residents in the South Hams 3. Membership entitles members to book any trips advertised through BTC 4. Bookings can be made up to and including date of trip 5. Members can add suggestions for future trips 6. Full payment for trips must be made at the time of booking 7. A refund in full will be given if someone else takes the seat booked 8. Cancellation fee of £10 applies to all trips if a replacement is not found 9. Seat belts must be worn on all trips 10. Due to some circumstances not under the control of the club organizer trips may have to be cancelled TARCBA reserves the right to cancel any trip at short notice (full refund will be given to all members who have booked for the trip in question) 11. TARCBA reserves the right to revoke membership if a member breaches the terms and conditions of membership 12. TARCBA reserves the right to change, amend or add to the terms and conditions of membership | | |
| Membership Fee | | |
| Membership costs £5.00 per annum due each year from the date of application.  Cheques to be made payable to Totnes and Rural Community Bus Association  **BACS Payment Details**: **Santander, Totnes, 58/60 Fore Street, Totnes, Devon, TQ9 5RU**  S/C: 09-01-52 Acc No: 98909901  **You can return the membership form to Bob the Bus 14 Follaton, Plymouth Rd, Totnes, TQ9 5NB OR**  **Pass it to the driver on Bob the Bus**  **CALL 07800 745332 E mail bobthebushire@yahoo.com**  I agree to the terms and conditions of BTC membership application | | |
| Signature of applicant: | | Date: |
| Signature of spouse (only if for a joint membership): | | Date: |