## TRAVEL CLUB APPLICATION/RENEWAL FORM

Our Travel Club program is offered to permanent, full-time island residents and provides substantially discounted travel. As we do not receive any grants or subsidies to cover the cost of this scheme, it is a privilege granted only to those who live on the islands year round. Please complete the below form and return it to the St Mary's Office to receive your free membership.

SECTION 1 - APPLICANT DETAILS				
Name	Age			DOB
Address	Land	Landline contact number		
	Mob	ile contact numb	er*	
	Ema	il address*		
	* Mu	* Must be provided for all adults		
Postcode				
SECTION 2 - E	MPLOY	ER'S DETAIL	S	
Employer's Name	Emp	loyer's phone nu	ımber	
SECTION 3 - DECLARATION				
I/We have read and understood the Travel Club Terms and Conditions and agree to abide by them. I understand that misuse of my Travel Club				
benefits will result in the cancellation of my membership. If at any tin	ie I no lor	nger qualify for T	ravel Club I will	notify Isles of Scilly Travel.
Print name	C i a n	ature		Date
rint name	sign	ature		Date
Print name (parent/guardian)	Sian	Signature		Date
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FOR OFFICE USE ONLY				
Membership number	Letter	□AK	☐ Photo	☐ Spreadsheet
	ID 1		□ ID 2	

