

FOR OFFICE USE ONLY

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**Town of West Hartford Dial-A-Ride
MEMBERSHIP APPLICATION**

July 1, 2011 – June 30, 2012

FOR OFFICE USE ONLY

Date _____
Check # _____
Amount _____
Initials _____

Annual Fee: \$25 per person

(Payment must accompany application form, make checks payable to WH Dial-A-Ride)

Eligibility:

Elderly WH Residents (65 yrs. or older)
WH Residents w/ ADA Qualified Disability*
*Request separate additional application

Renewal _____ **New** _____

Last Name: _____ First Name: _____

Address: _____ Apt. # _____ West Hartford, CT 061 _____ (Zip Code)

Phone: (860) _____ - _____ Date of Birth: _____ / _____ / _____

Wheelchair Used? Yes _____ No _____ Hearing Impaired? Yes _____ No _____

Wheelchair Type: Electric _____ Manual _____ Visually Impaired? Yes _____ No _____

Special Assistance Required? Yes _____ No _____ Assisted by: Cane _____ Walker _____

Additional Notes: _____

EMERGENCY CONTACT INFORMATION:

Name: _____

Relationship: _____

Phone: _____

Applicant Signature (or Power of Attorney)

Date

A separate membership application and annual fee is required for each household member.
Please complete the form(s) and return with the appropriate payment amount to:

**West Hartford Dial-A-Ride
50 South Main Street, Rm. 306
West Hartford, CT 06107**

Please feel free to contact the office with any questions ~ (860) 561-7561