

# Merseylink

## Application for Merseylink membership

Please tick the box that applies.

Are you applying for membership for the first time? Yes  No

Are you renewing an existing membership? Yes  No

**First name or names:**

**Last name:**

**Title:** Mr  Mrs  Miss  Other

**Your full address** (including postcode):

**Home phone number:**

**Mobile phone number:**

**Emergency name and contact number:**

**Email address:**

**Your date of birth:**      /      /

You must be able to answer 'Yes' to at least one of the following questions to become a member.

Do you receive the mobility or care part of Disability Living Allowance or Personal Independent Payment (PIP) mobility or daily living component at the enhanced rate? (You must send proof of this with this form.) Yes  No

Do you receive Attendance Allowance at the higher rate? (You must send proof of this with this form.) Yes  No

Are you registered blind? (You must send proof of this with this form.) Yes  No

Do you receive War Disablement Pension (with a mobility supplement or higher rate care allowance) or an Armed Forces Independence Payment? (AFIP) (You must send proof of this with this form.) Yes  No

Do you have written confirmation from your doctor that you have a terminal illness (such as cancer) which is getting worse and is causing you sight or movement problems? (You must send this written confirmation to us with this form.) Yes  No

Is there anything else about your medical condition or your mobility you want to tell us? (Please securely attach a separate sheet if necessary.)

Attach photograph here  
(Do not staple)



Merseytravel

**Note:** We may need to contact you to get details about this application. If you do not include a suitable passport photograph, and proof to support your application, then we will be unable to process your application and it will be returned to you.

