



**VANTASTIC MEMBERSHIP FORM**  
Chase House, City Junction Business Park  
Northern Cross, Dublin 17

**Phone: 01-6873760 / Fax: 01-6873761**

**PART ONE - Eligibility**

This section must be completed by all applicants. It gives us information

**Eligibility criteria**

*Please mark as appropriate*

**Person with a Disability**

*If a person with a disability please mark as appropriate*

Physical disability

Intellectual disability

Physical & Intellectual disability

**Older person (65 plus)**

**Not for Profit Organisation (NFP)**

*If a Not for Profit organisation please mark as appropriate*

Community & Voluntary Organisation

State Funded Body

**Other**

*If other please provide detail*

## PART TWO - Membership Details

Title   
Last Name / NFP Group Name   
First Name / NFP nominated representative

Address

Telephone   
Mobile   
Email   
Website

*If an person with a disability or an older person please complete below*

Gender   
Date of Birth

## PART THREE - Emergency contact details

Please give us details of someone we could contact on your behalf in case of

Contact Name

Contact Number

Relationship to you

**PART FOUR - Billing details**

As Above in PART TWO

*If different to above please complete below*

Title

Last Name

First Name

Address

<input type="text"/>
<input type="text"/>
<input type="text"/>

Telephone

Mobile

Email

**PART FIVE - Information to help us help you**

Where did you hear about Vantastic ?

Do you have difficulty with Public Transport (Bus, Trains

Yes

No

Mobility Aids (Please mark as Appropriate)

	Yes, all the time	Yes, some of the time
Electric Chair	<input type="text"/>	<input type="text"/>
Manual Chair	<input type="text"/>	<input type="text"/>
Wheelchair transfer	<input type="text"/>	<input type="text"/>
Walking Frame	<input type="text"/>	<input type="text"/>
Walking Stick or Crutches	<input type="text"/>	<input type="text"/>
Guide Dog	<input type="text"/>	<input type="text"/>
Personal Assistant	<input type="text"/>	<input type="text"/>

**Declaration**

If you have completed this form for yourself, please sign and date the

**Declaration**

Mark Sections Completed

Part One - Eligibility	<input type="checkbox"/>
Part Two - Membership Details	<input type="checkbox"/>
Part Three - Emergency Contact	<input type="checkbox"/>
Part Four - Billing Details	<input type="checkbox"/>
Part Five - Information to help us help you	<input type="checkbox"/>

**I declare that the information given is complete and true in all respects**

Signed  Date

Or signed on behalf of  Date

Print Name

Relationship