

Membership Application form

*I wish to apply for Membership of
the Disabled Drivers Association*

Full Name:

Address

Date of birth:

Email:

Telephone:

Mobile:

Date of

application:

Fee enclosed: €

Membership: Life membership (€50.00) Annual membership(€10.00)

Payment: Cheque Money/postal order

***The following section helps us to identify the issues
which may be of interest to you as a member***

Disability

Acquired or Congenital

Able to walk: Unaided Walking sticks Other aid(s) With help

Wheelchair necessary for mobility Manual Powered None

Do you drive a mobility scooter? Yes No

Do you own a mobility scooter? Yes No

Do you drive a car? Yes No

Do you own a car? Yes No

Is a vehicle adapted for you? As a driver As a passenger

Have you road tax exemption Yes No

Occupation

Signature

Membership per annum: **€10.00** | Life Membership: **€50.00**

Please make cheques / money orders payable to Disabled Drivers Association.

Please enclose your payment with this application.

PLEASE DO NOT SEND CASH.

Once completed, please moisten edges and fold to seal. No stamp is necessary.

Disabled Drivers Association of Ireland

Disabled Drivers Association

Ballindine

Claremorris

Co Mayo

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