

Membership Application



Send the completed form to;

Call a Cab, Freepost PAM 2995, London, W9 2BR
Tel 020 8901 4300

Please complete in BLOCK CAPITALS

Full name _____ Date of birth _____

Address _____

Postcode _____

Home Telephone No. _____ Mobile No. _____

If Call a Cab has been recommended to you by a friend, please give name and call sign

Name _____ Call Sign _____

How did you hear about Call a Cab? Friend Trade Advert Mailshot

Other (please specify) _____

Are you an LTDA member? Yes No

Do you have an All London licence? Yes No Do you have a Suburban licence? Yes No

How long have you held your licence? _____ Badge number _____

Cab type? TX1 Fairway Metro Registration number _____

Are you the owner? Yes No If not, state who is _____

Why would you like to join Call a Cab? _____

Have you had any previous radio experience? Yes No

If YES please give details of other circuit(s)

1 _____ Date of leaving _____ Call sign _____

2 _____ Date of leaving _____ Call sign _____

If you have been on other radio circuit(s), please state reason for leaving

1 _____

2 _____

If you have ever been found guilty of a radio circuit complaint or left while subject to disciplinary inquiry or action, please give details

1 _____

2 _____

I declare that to the best of my knowledge, the facts stated above are true and correct

Signature _____

Date _____

The Company reserves the right to refuse any application for membership

Official use only	
Application accepted?	YES NO
Date	_____
Authorised by	_____
Fitting/Training Date	_____
Time	_____
Confirmation letter sent	_____