MyRid	e TN	MyF	Ride TN	Jonesh	oroug	gh Membe	ership Application
222		Office Use Only					
		Application Received			Membership Paid		Date
•		No. of rides	•		Date:	Amount:	Check No:
Data entered by:  Approved by:						Date:	
ripproved by:						Date:	
Rider Contact Information							
Full Name						Date of Birth	:
Address:				_			
City:		State				Zip:	
County:	Neighborhoo				ood:		
Marital Stat	larital Status: Vete					Ethnicity:	
Email:						Gender:	
Home:			Work:			Cell:	
Living Alone	e: 🗌					Handicap Vel	nicle Placard?
I Use Cane Walker Oxygen							
Payment Information Check Enclosed				osed			
Amount							
Level of Assistance You Will Require:							
Low Profile/Curb-Level Vehicle				Yes		No 🖳	Not Sure
Assistance Getting Into Taller Vehicles			cles	Yes		No 🔙	Not Sure
Special Instructions:							
Emergency Contact Information							
Name					Relationship		
Address							
Cell Email							
Name					Relationship		
Address							
Cell Email							
Return this application packet with your check for \$40.00(includes\$20 for membership &\$20 for 4 rides),							
payable to: Jonesborough Senior Center 307 E. Main St Jonesborough TN 37659.(Write MyRide TN on the memo							
line on the bottom left of your check.) First ride is free! 423-788-4770							