

Scottish Accessible Transport Alliance

**SATA**



# Application Form

Membership category    A     B     C     D

Surname \_\_\_\_\_ First Name \_\_\_\_\_

Organisation (if applicable) \_\_\_\_\_

Address \_\_\_\_\_  
\_\_\_\_\_

Postcode \_\_\_\_\_

Tel \_\_\_\_\_ Fax \_\_\_\_\_ E-mail \_\_\_\_\_

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or

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**Send to:**    Alan Rees  
                  Secretary  
                  SATA  
                  20 Seaforth Drive  
                  Edinburgh EH4 2BZ  
                  Tel: 0131 315 3006