

GROUP NAME:

GROUP MEMBERSHIP APPLICATION FORM

Please use BLOCK CAPITALS and answer ALL questions.

NAME OF ORGANISATION

ADDRESS

POST CODE:

Tel:

Fax:

e-mail:

NAME & ADDRESS TO WHICH INVOICES SHOULD BE SENT (if different from above)

POST CODE:

Tel:

Fax:

e-mail:

NAME & TEL. No. OF PERSON WE CAN CONTACT IN AN EMERGENCY

Name.....Tel:..... Mobile:.....

ORGANISATIONAL STATUS (Please answer every question)

Is your group:	YES	NO
Profit-making?		
A community/voluntary group?		
A statutory body?		
A registered charity? (Please state No. below)		

OUR MINIBUSES MAY ONLY BE USED BY GROUPS INVOLVED IN ONE OR MORE OF THE ACTIVITIES LISTED BELOW. (Tick those with which your group is concerned)

Education		Religion	
Recreation		Social welfare	
Other activities of benefit to the community? (Please specify below):			

AIMS OF YOUR ORGANISATION (Give brief details)

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PEOPLE WITH WHOM YOUR ORGANISATION IS CONCERNED (tick as many boxes as are relevant)

People with a physical disability	<input type="checkbox"/>	People with dementia	<input type="checkbox"/>
People with a learning disability	<input type="checkbox"/>	Elderly people	<input type="checkbox"/>
People with a mental health problem	<input type="checkbox"/>	Pre-school groups	<input type="checkbox"/>
People from ethnic minorities	<input type="checkbox"/>	Youth groups	<input type="checkbox"/>
People with an alcohol related problem	<input type="checkbox"/>	Womens groups	<input type="checkbox"/>
People affected by drug problems	<input type="checkbox"/>	Health groups	<input type="checkbox"/>
People affected by HIV or AIDS	<input type="checkbox"/>	Other (give details below)	<input type="checkbox"/>

CLASS OF MEMBERSHIP

FULL	<input type="checkbox"/>	ASSOCIATE	<input type="checkbox"/>
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DECLARATION

Our organisation agrees to abide by the terms and conditions as set out in the Bridgend Community Transport Group Transport Schedule, and we understand that any breach of these conditions may result in our group being expelled from membership. We understand that Bridgend Community Transport is registered under the Data Protection Act and we consent to Bridgend Community Transport holding the above information about our organisation.

SIGNED:

NAME:

POSITION:

DATE:

FOR OFFICE USE ONLY

Group Number	<input type="text"/>	Computer Entry	<input type="text"/>
Fee Received	<input type="text"/>	<input type="text"/>	<input type="text"/>