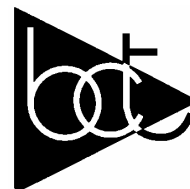


**GROUP TRANSPORT  
FUNDED GROUPS MEMBERSHIP FORM  
2007 – 2008**



PLEASE COMPLETE THIS FORM USING BLOCK CAPITALS AND IN BLACK INK FOR COPYING PURPOSES.

<b>GROUP NAME</b>
-------------------

<b>Main Contact</b>	<b>Treasurer (or person paying invoices)</b>
Name	Name
Address	Address
Postcode	Postcode
Tel day	Tel day
fax	fax
mobile	mobile

<b>Other people authorised to make bookings</b>	
Name	Name
Address	Address
Postcode	Postcode
Tel day	Tel day
fax	fax
mobile	mobile

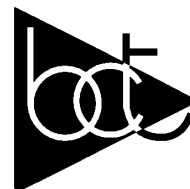
PLEASE LET US KNOW ON WRITING IF ANY OF THE ABOVE DETAILS CHANGE.

1. ANY ADDITIONAL PEOPLE AUTHORISED TO MAKE BOOKINGS
2. A PERSON NO LONGER AUTHORISED TO MAKE BOOKINGS ON BEHALF OF THE GROUP
3. ANY CHANGES IN DETAILS E.G. ADDRESS

<b>About your group. Please tick all that apply</b>		
<b>Type of organisation:</b>	<b>Profile of organisation:</b>	
Charitable	Arts	Under 8's
Voluntary	Club	Children
Community	Education	Youth
Statutory	Health	Adult
Non-profit-making business	Housing	Elderly
Social Exclusion	Religious	Disabled (i.e. wheelchair users)
	Social activities	Ethnic minority
	Social services	Women/girls
	Sport	
	Uniformed	

Please complete the declaration overleaf

**GROUP TRANSPORT  
FUNDED GROUPS MEMBERSHIP FORM  
2007 – 2008**



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**Equal Opportunities Monitoring**

In order to assist BCT in monitoring the effectiveness of its Equal Opportunities Policy, please complete the following, :

<b>Ethnic (Number)</b>	<b>Age Range (Number)</b>	<b>Demography</b>
Afro-Caribbean	0 – 5	Number of Men
Asian	5 – 16	Number of Women
Irish	16 – 60	Number of Disabled Members
White British	60 – 70	
Other	70 - +	

**The Affiliation fee for 2007 – 2008 is:**

**£23.50**      **Funded Groups based within Brent / Groups based outside Brent  
(inclusive of VAT)**

**If your organisation has a written constitution, please ensure that you enclose a copy with your application.**

**I declare that the information supplied is correct, that I have read and agree to the rules of Brent Community Transport and the conditions governing the use of vehicles. I agree that I will ensure that only drivers authorised by Brent Community Transport will be allowed to drive the vehicles, in accordance with our conditions. I agree to pay membership fees and charges to Brent Community Transport as necessary.**

**I declare that I am a member of this organisation and that I am authorised to make this commitment on behalf of my organisation.**

**Enclosed Cash / Cheques £ \_\_\_\_\_**

**Name (please print) \_\_\_\_\_**

**Date \_\_\_\_\_**

**Signature \_\_\_\_\_**

**For Office Use Only**

**Membership Number: \_\_\_\_\_**