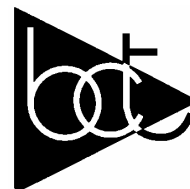


**GROUP TRANSPORT
STATUTORY GROUPS MEMBERSHIP FORM
2007 – 2008**



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

GROUP NAME

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

Other people authorised to make bookings	
Name	Name
Address	Address
Postcode	Postcode
Tel day	Tel day
fax	fax
mobile	mobile

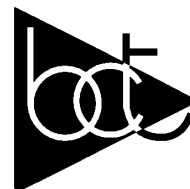
PLEASE LET US KNOW ON WRITING IF ANY OF THE ABOVE DETAILS CHANGE.

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

About your group. Please tick all that apply		
Type of organisation:	Profile of organisation:	
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
STATUTORY 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:

Ethnic	Age Range	Demography
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:

**£35.25 Providers Statutory Group (e.g. Schools, Council Departments)
(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: _____