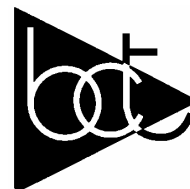


**GROUP TRANSPORT
SUBSIDISED GROUPS MEMBERSHIP FORM
2007-2008**



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 |

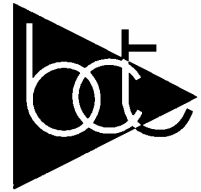
PLEASE LET US KNOW ON WRITING IF ANY OF THE ABOVE DETAILS CHANGE.

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
SUBSIDISED 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:

**£11.75 Non-funded Community Groups based within 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: _____