

Wandsworth Community Transport

MEMBERSHIP FORM 2012/2013

GROUP NAME _____

Address
Post Code

Address for correspondence (if different)
Post Code

Group email address _____

Principal Booking Person: _____

Telephone: _____ (Day) _____ (Eve)

Invoices to be sent to: _____

(If different)

Telephone: _____ (Day) _____ (Eve)

Address (to which all invoices will be sent)
Post Code
Unless otherwise notified we shall assume that this person is also authorised to make bookings.

Other authorised booking personnel

	Name	Telephone Number	Position
1			
2			
3			
4			

Declaration

My group is a **non-profit making organisation** and wishes to join/renew membership of Wandsworth Community Transport.

We agree to abide by WCT's Terms and Conditions of use for 2012/13. I agree to be personally responsible for all bookings made in the group's name by authorised people and for the payment of all invoices.

Signed _____ Date: _____ Position in Group: _____

Are you renewing an existing membership? YES/NO

If so, there is no need to answer the questions overleaf concerning membership verification, but do please update your monitoring information.

Equal Opportunities Monitoring and Membership Verification

As Wandsworth Community Transport is fully committed to the promotion of equality both in the provision of its service and as an employer, we would be grateful if you could give us some details of your membership. We may need to ensure that your intended use of our service complies with our Terms and Conditions before we accept your membership application.

Aims and objectives of your Organisation:

Please attach a copy of your constitution, information leaflets or similar documentation describing your organisation and demonstrating your standing in the community, proof of address and eligibility for membership. Send this by post if you have joined on the internet

Intended use of our vehicles:

Name, address and telephone number of someone who can act as a referee for your organisation

This should be someone in a position of authority, a Council official, Leader of a fellow organisation or existing WCT member who can vouch for your organisation and credit worthiness.

Membership of your group: Please estimate the total number of different people using our services during the course of the year.

Male	
Female	
How many of these would describe themselves as having a disability	

Please give an estimate of the number of your members who would describe their ethnic origin as listed below:

White		Pakistani	
Black/Caribbean		Bangladeshi	
Black/African		Chinese	
Indian		Mixed	
Black other		Other Asian	
Other			

How did you come to hear of the services provided by WCT?

Local Press	Word of Mouth	Mailout	Publicity leaflet
Shopmobility	Saw a WCT Bus	Council Publicity	Library
Doctor's Surgery	Silver Trailblazers	Internet	

Please return this form to: Wandsworth Community Transport, 1B Yukon Road, London

SW12 9PZ

Office Use Only

Code [] dBASE [/ /] TAS [/ /] S/O []