

Wandsworth Community Transport

MEMBERSHIP FORM 2018/2019

GROUP NAME: _____

Address
Post Code

Address for correspondence (if different)
Post Code

Main Contact / Principal Booking Person: _____

Main Phone: _____ Other Phone: _____ Fax No.: _____

Main email address: _____

Other authorised booking personnel:

	Name	Main Phone	Other Phone	Position
1				
2				
3				
4				

Invoices to be sent to (if different from main): _____

Invoice Phone: _____ Other Phone: _____ Fax No.: _____

Invoice email address: _____

Accounts Address (to which all invoices will be sent)
Post Code

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 2018/19. 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? (enter X in either box) YES NO

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

Office Use Only

Code: [_____] CTX: [/ /] SAGE: [/ /] Inv No. [_____]

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 **(Actual Numbers NOT Percentages):**

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

Please give an estimate of the number of your members who would describe their ethnic origin as listed below **(Actual Numbers NOT Percentages):**

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

How did you come to hear of the services provided by WCT? (enter X in appropriate box)

Mail out	<input type="checkbox"/>	Word of Mouth	<input type="checkbox"/>	Shopmobility	<input type="checkbox"/>	Publicity Leaflet	<input type="checkbox"/>
Internet	<input type="checkbox"/>	Saw a WCT Bus	<input type="checkbox"/>	Local Press	<input type="checkbox"/>	Doctor's Surgery	<input type="checkbox"/>
Library	<input type="checkbox"/>	Council Publicity	<input type="checkbox"/>	Other (Please Specify):	<input style="width: 100%; height: 30px;" type="text"/>		

**Please return this form to:
Wandsworth Community Transport, 1B Yukon Road, Balham, London, SW12 9PZ**