

TOTNES COMMUNITY BUS GROUP
GROUP MEMBERSHIP APPLICATION FORM

Please use BLOCK CAPITALS and answer ALL questions

NAME OF ORGANISATION:

Address:

Post Code:

Tel:

Mobile:

Fax:

Email:

Website:

NAME AND ADDRESS TO WHICH INVOICES SHOULD BE SENT (if different from above)

Address:

Post Code:

Tel:

Mobile:

Fax:

Email:

NAME AND TEL. NO. OF PERSON WE CAN CONTACT IN AN EMERGENCY

Name:

Tel:

Mobile:

ORGANISATIONAL STATUS (Please answer every question)

Is your group:

YES

NO:

Profit-making?

A community/voluntary group?

A statutory body?

A registered charity? (Please state No)

OUR MINIBUS MAY ONLY BE USED BY GROUPS INVOLVED IN ONE OR MORE OF THE ACTIVITIES LISTED BELOW (Tick those with which your group is concerned)

Education

Religion

Recreation

Social Welfare

Other activities of benefit to the community (please specify below):

Return to: Co-ordinator, TCBG Lyn Price 14 Follaton, Plymouth Rd, Totnes, TQ9 5NB
Charity no 111197

AIMS OF YOUR ORGANISATION (Give brief details)

PEOPLE WITH WHOM YOUR ORGANISATION IS CONCERNED (tick as many as are relevant)

People with physical disability	People with dementia
People with learning difficulties	Elderly people
People with mental health problems	Pre-school groups
People from ethnic minorities	Youth groups
People with alcohol related problems	Women's groups
People affected with drug problems	Health groups
People affected by HIV or AIDS	Other (give details)

CLASS OF MEMBERSHIP

FULL

ASSOCIATE

DECLARATION

Our organisation agrees to abide by the terms and conditions as set out in the **TCBG Hire Policy**, and we understand that any breach of these conditions may result in our group being expelled from membership. We understand that TCBG is registered under the Data Protection Act. We consent to TCBG holding the above information about our organisation. We accept our liability to Totnes Town Community Bus Group.

SIGNED:

NAME:

POSITION:

DATE:

FOR OFFICE USE ONLY

Group Number:

Computer Entry

OTHER: