

NORTH AREA TRANSPORT ASSOCIATION

GROUP MEMBERSHIP APPLICATION FORM

Please use BLOCK CAPITALS and answer ALL questions.

NAME OF ORGANISATION

ADDRESS

POST CODE:

Tel:

Fax:

e-mail:

BILLING ADDRESS (if different from above)

POST CODE:

Tel:

Fax:

e-mail:

NAME & TEL. No. OF PERSON WE CAN CONTACT IN AN EMERGENCY

Name.....Tel:.....

Email

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. below)		

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

Children		Youth	
Elderly		Disabled	
Other activities of benefit to the community? (Please specify below):			

AIMS OF YOUR ORGANISATION (Give brief details)

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

People with a physical disability		People with dementia	
People with a learning disability		Elderly people	
People with a mental health problem		Pre-school groups	
People from ethnic minorities		Youth groups	
People with an alcohol related problem		Womens groups	
People affected by drug problems		Health groups	
People affected by HIV or AIDS		Other (give details below)	

CLASS OF MEMBERSHIP

FULL		
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DECLARATION

Our organisation agrees to abide by the terms and conditions as set out in the **North Area Transport Association's Minibus Hire Policy**, and we understand that any breach of these conditions may result in our group being expelled from membership. We understand that **North Area Transport Association** is registered under the Data Protection Act and we consent to **North Area Transport Association** holding the above information about our organisation.

SIGNED: _____ NAME: _____

POSITION: _____ DATE: _____

FOR OFFICE USE ONLY

Group Number		Computer Entry	
Fee Received			