**GALLOWAY COMMUNITY TRANSPORT**

Membership Registration Form

*Please use BLOCK CAPITALS and answer all questions on both pages of the form.*

|  |
| --- |
| Date |
| Registration fee £20 for 12 months from the date of registration |
| I am paying by: [] Cheque [] Bank Transfer (See bottom of next page) |
| (If applicable) I require: [] an invoice [] a receipt  *To avoid unnecessary office work please only tick one of these if you need an invoice/receipt.* |

|  |
| --- |
| ORGANISATION |
| Name of organisation |
| Charity number (if applicable) |
| Main contact name |
| Main contact position |
| Main contact address |
|  |
|  |
| Main contact email address |
| Phone number Mobile number |

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| INVOICING Name and address to which invoices should be sent |
| Name |
| Address |
|  |
|  |
| Email address for invoices |
| Phone number Mobile number |

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| EMERGENCY CONTACT  (this must be someone who is NOT travelling with the group) |
| Name |
| Phone number Mobile number |

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| **DECLARATION** |
| Our organisation agrees to abide by the terms and conditions as set out in the Galloway Community Transport *Terms and Conditions of Membership and Hire*, and we understand that any breach of these conditions may result in our group being expelled from membership.  We understand that Galloway Community Transport is registered under the Data Protection Act and we consent to Galloway Community Transport holding the above information about our organisation.  SIGNED: NAME:  POSITION: DATE: |

|  |  |  |  |
| --- | --- | --- | --- |
| BRIEF STATEMENT OF ORGANISATION’S AIMS | | | |
|  | | | |
| ORGANISATION STATUS | | | |
| **Is your organisation?** | *Delete as appropriate* | **Is your organisation involved in?** | *Tick all that apply* |
| A registered charity | YES/NO | Education |  |
| A community or voluntary group | YES/NO | Recreation |  |
| A statutory body | YES/NO | Social Welfare |  |
| A school | YES/NO | Religion |  |
| Profit making | YES/NO | Other activities of benefit to the community |  |

|  |  |  |  |
| --- | --- | --- | --- |
| PEOPLE YOUR ORGANISATION WORKS WITH  *(tick all that apply)* | | | |
| 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 |  | Women’s groups |  |
| People affected by drug problems |  | Health groups |  |
| People affected by HIV or AIDS |  | Other (give details below) |  |

Please complete this form and return it by one of the following methods:

Scan and email to: [GCT@catstrand.com](mailto:gti@catstrand.com)

Post to: Galloway Community Transport, CatStrand, High Street, New Galloway, Castle Douglas, DG7 3RN

Registration fees can be paid by cheque made to Galloway Community Transport or by bank transfer to:

Bank of Scotland, 192 King Street, Castle Douglas, DG6 1DB

Account name: Galloway Community Transport

Account number: 19482560 Sort code: 80-22-60