

MILTON COMMUNITY MINIBUS

GROUP MEMBERSHIP APPLICATION FORM (JANUARY 2004)

Please use BLOCK CAPITALS and answer ALL questions.

NAME OF ORGANISATION

ADDRESS

POST CODE:

Tel:

Fax:

e-mail:

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

POST CODE:

Tel:

Fax:

e-mail:

NAME & 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. below)		

AIMS OF YOUR ORGANISATION (Give brief details)

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)	

DECLARATION

Our organisation agrees to abide by the terms and conditions as set out in the **MILTON COMMUNITY MINIBUS** Hire Policy (October 2003), and we understand that any breach of these conditions may result in our group being expelled from membership. We understand that Milton Parish Council is registered under the Data Protection Act. We consent to Milton Parish Council holding the above information about our organisation.

SIGNED:

NAME:

POSITION:

DATE: