

# GALLOWAY COMMUNITY TRANSPORT

## Membership Registration Form

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

Date
Registration fee £30 for 12 months from the date of registration
I am paying by: <input type="checkbox"/> Cheque <input type="checkbox"/> Bank Transfer (See bottom of next page)
(If applicable) I require: <input type="checkbox"/> an invoice <input type="checkbox"/> a receipt To avoid unnecessary office work please only tick one of these if you need an invoice/receipt.

<b>ORGANISATION</b>
Name of organisation
Charity number (if applicable)
Main contact name
Main contact position
Main contact address
Main contact email address
Phone number <span style="float: right;">Mobile number</span>

<b>INVOICING</b> Name and address to which invoices should be sent
Name
Address
Email address for invoices
Phone number <span style="float: right;">Mobile number</span>

<b>EMERGENCY CONTACT</b> (this must be someone who is NOT travelling with the group)
Name
Phone number <span style="float: right;">Mobile number</span>

### 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?	<i>Delete as appropriate</i>	Is your organisation involved in?	<i>Tick all that apply</i>
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 <i>(tick all that apply)</i>			
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:GCT@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