



Aboyne Community Trust

DEESIDE COMMUNITY TRANSPORT GROUP *a project of Aboyne Community Trust (ACT)*

GROUP MEMBERSHIP APPLICATION FORM

Please use BLOCK CAPITALS and answer ALL questions.

NAME OF ORGANISATION

ADDRESS

Post Code:

Telephone Number:

Email:

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

Post Code:

Telephone Number:

Email:

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

TEL. No.:

ORGANISATIONAL STATUS (Please answer every question)

Is your group:

YES

NO

Profit-making? (Please state Company No. below)

A community/voluntary group?

A statutory body?

A registered charity? (Please state Charity 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)

Education

Religion

Recreation

Social welfare

Other activities of benefit to the community? (Please specify 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		Woman's groups	
People affected by drug problems		Health groups	
People affected by HIV or AIDS		Other (give details below)	

CLASS OF MEMBERSHIP
ASSOCIATE

DECLARATION
<p>Our organisation agrees to abide by the terms and conditions as set out in the Aboyne Community Trust Bus Hire Policy, and we understand that any breach of these conditions may result in our group being expelled from membership. In accordance with GDPR please tick that you accept our terms and conditions when holding personal information.</p> <p><input type="checkbox"/> I agree that my details above will be recorded electronically and will only be used to inform me of useful community information such as provide statistical information on the membership to support the activities of ACT e.g. when applying for grants. This information will not be communicated to other persons or organisations or used for any other purpose except as required by Law.</p> <p><input type="checkbox"/> I understand that if I cancel my membership my details will be held for a period of 5 years unless I specifically request that they are destroyed at the time of my cancellation, which is to be given in writing.</p>

I understand that, should the organisation become insolvent, I will be liable to pay the sum of £1.00.

I confirm that I am over 16 years old and the current membership fee is £0.

SIGNED:

NAME:

POSITION:

DATE: