

Goole & District Community Transport Group Membership Form

Charity No. 1102014

Organisation Name:

Main Contact:

Address:

Post code.....

Telephone no.....

Email address.....

Members of the group fall into the category below?

Senior Citizens

People with physical disability

People with learning disability

People with mental health issues

Educational

Youth

Community

Religious

Ethnic minority

Organisational Status (tick one)

Community/Voluntary Group

Statutory Body

Benevolent Organisation

Nursing Home (resident's outings)

Charity/Company Ltd by guarantee

Registered Charity No.....

Our hire provisions are conditional upon groups being Non-profit making

Name & Address to send invoice if different from above

Please state the principle aim of the group

In signing this application, I confirm that on behalf of the group:

All the information supplied is accurate. **Please tick to give your consent** on how we will use your data.

The group consent to receive information regarding Goole & District Community Transport Services, newsletters, information sheets and questionnaires/surveys.

The group will inform Goole & District Community Transport of any changes in their circumstances which may affect their eligibility to use the community transport services.

When necessary the group consent to Goole & District Community Transport sharing the information provided with the Local Authority.

The group is happy that all the information provided above is securely stored on Goole & District Community Transport premises.

Signed: Date:.....

Please return to Goole GoFar. 51 Carlisle Street, Goole, DN14 5DS