



Group Membership Registration Form

Our Permit 19 licence requires all users to become members either individually and or as a group. To be eligible for group membership, your organisation must be a charity, social or voluntary group.

NAME OF ORGANISATION/GROUP:

.....

NAME OF CONTACT:

ADDRESS:

.....

.....

.....

POSTCODE: TELEPHONE NO:

EMAIL:

Journeys are invoiced after the journey has been completed. Where would you like for the invoice to be sent.

NAME:

ADDRESS:

.....

.....

.....

POSTCODE: TELEPHONE NO:

EMAIL:

ORGANISATIONAL STATUS (please answer every question)		
	YES	NO
Is your group profit-making?		
Is your group a community/voluntary group?		
Is your group a statutory body?		
Is your group a registered charity? (please state number 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		Women's groups	
People affected by drug problems		Health groups	
People affected by HIV or AIDS		Other (give details below)	

This information will be held securely and will be accessed by employees of FACT for services you require. Your information will not be shared with any third parties and you have the right to request a copy of the information that we hold on you. Please tick box to confirm you have read the above statement and agree

We wish to apply for membership of Fenland Association for Community Transport (FACT) and I agree to abide by the membership terms and conditions. I understand that any breach of these conditions may result in being expelled from membership.
I declare that the information provided is correct and that I will inform FACT if there are any changes to my information.

Signed: **Name:**

Position: **Dated:**

**PLEASE RETURN COMPLETED FORM TOGETHER WITH
REGISTRATION SHARE £1.00 (one off fee) & ANNUAL MEMBERSHIP FEE £15.00.**
Please make payment payable to FACT

FACT, 5 Martin Avenue, March, Cambridgeshire, PE15 0AY
A share certificate will be sent to you once your membership has been approved, this can take up to 14 days