

Borderhoppa

GROUP MEMBERSHIP FORM

OFFICE USE ONLY	
Group Membership Number	
Fee Received	
Computer Entry	
Renewal Date	

If you wish to become a Borderhoppa Group Member please complete and return this form with a cheque made payable to -

Diss & District Community Transport Association Ltd (Borderhoppa)

12 Months	£15.00	
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Borderhoppa
Half Moon Farm, The Street, Rushall, Norfolk IP21 4QD

NAME OF ORGANISATION _____

Address _____

Postcode _____

Tel No _____

Fax No _____

Email Address _____

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

Name _____

Address _____

Postcode _____

Tel No _____

Fax No _____

Email Address _____

EMERGENCY CONTACT NAME AND TELEPHONE NUMBER

Name _____

Tel No _____

Mobile No _____

AIMS OF YOUR ORGANISATION (Give brief details)

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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.)		

OUR MINIBUSES MAY ONLY BE USED BY GROUPS INVOLVED IN ONE OR MORE OF THE ACTIVITIES LISTED BELOW.

Education		Religion	
Recreation		Social Welfare	
Other activities of benefit to the community? (Please specify below):			

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 DDCTA Minibus Hire Policy, and we understand that any breach of these conditions may result in our group being expelled from membership. We understand that DDCTA is registered under the Data Protection Act and we consent to DDCTA holding the above information about our organisation.

SIGNED:

NAME:

POSITION:

DATE: