



**APPLICATION FOR GROUP MEMBERSHIP
EPPING FOREST COMMUNITY TRANSPORT**

THE BOOKING LINE IS OPEN WEEKDAYS 9.30-12.30 TEL: 01992 579556

CONFIDENTIALITY WILL BE MAINTAINED AT ALL TIMES
NO PUBLIC ACCESS TO THIS INFORMATION WILL BE ALLOWED

GROUP DETAILS

Group Name: _____

Address: _____

Post Code: _____ Tel No: _____ Mobile No: _____

E-mail address: _____

CONTACT/INVOICE DETAILS

Contact Name: _____ Position: _____

Invoice Address: _____

Post Code: _____ Tel No: _____ Mobile: _____

Your Signature: _____ Date: _____

What would you describe your organization as (circle as appropriate):

Voluntary/community
Statutory
Faith

Private
Funding body
Profit-making

Disability
Registered charity
Non-profit

Description of your organization's activities:

Who do you provide your activities to?

Not following EFCT operating procedures/policies may result in refusal of membership.

DATA PROTECTION:

I agree that Epping Forest Community Transport (EFCT) may use the information on this form to compile a database and to answer enquiries from the public and statutory sectors.

Please tick here if you DO NOT agree to share this information with carefully selected partners of Epping Forest Community Transport.

Signed: _____

Date: _____

Print name: _____

Position: _____

ANNUAL MEMBERSHIP £15.00

PLEASE MAKE CHEQUES PAYABLE TO: EPPING FOREST COMMUNITY TRANSPORT