



# Hounslow Community Transport

9 Montague Road, Hounslow, Middlesex, TW3 1JY  
Tel: 020 8572 8204 Fax: 020 85720997

## ANNUAL MEMBERSHIP FORM FOR GROUP HIRE

Please complete the whole form in black

Name of Group _____
Address _____
Telephone No: _____

Authorised Contacts (only authorised contacts may make booking)

Main Contact 1 _____	Position _____	Tel: _____
Other Contact 2 _____	Position _____	Tel: _____
Other Contact 3 _____	Position _____	Tel: _____

Additions & deletions to Authorised Contents to made in writing to HCT

### Invoices

Name of person responsible for paying invoices _____
Address if different from group address _____
_____
Daytime telephone No: _____

### Membership Fees

Voluntary groups receiving £1,000 or less funding per year
Fee: £21.60 (£18.00 + VAT per annum) (A)
Voluntary groups receiving more than £1,000 and less than £5,000 funding per year
Fee: £50.40 (£42.00 + VAT per annum) (B)
Voluntary groups receiving more than £5,000 funding per year
Fee: £102.00 (£85.00 + VAT per annum) (C)
Membership fees are subject to VAT although hire charges are not.

Please turn over and complete all the following details:



Account Ref:

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**Group / Organisation Details**

**Please tick the one category that best describes your group**

**Activity**

- Social                       Employment                       Recreation                       Health
- Shopping                       Education                       Social welfare                       Leisure
- Other

**Type of Organisation**

- Voluntary                       Pressure group                       Sheltered housing                       Nursing Home
- Community group                       Business                       Youth group                       Support group
- Self help group                       Local authority                       Residents group                       Other

**Type of Passenger**

- Disabled people                       Young people                       Children                       Elderly people
- Ethnic people                       Other

**Funding**

- Statutory                       Charitable                       Business                       Members
- Other

**Ethnicity**

**Please indicate how many**

- \_\_\_ White                      \_\_\_ Black Caribbean                      \_\_\_ Black African                      \_\_\_ Black Other
- \_\_\_ Pakistani                      \_\_\_ Chinese                      \_\_\_ Indian                      \_\_\_ Bangladeshi
- \_\_\_ Other Asian                      \_\_\_ Other

**Age of Members**

**Please indicate how many**

- \_\_\_ 15-24                      \_\_\_ 25-44                      \_\_\_ 45-54                      \_\_\_ 55-64
- \_\_\_ 65-74                      \_\_\_ 75-84                      \_\_\_ 85+

**Disability**

- \_\_\_ Physical Disability                      \_\_\_ Visual Disability                      \_\_\_ Hearing Disability                      \_\_\_ Mental Health
- \_\_\_ Learning

**Total number of members: .....**

**Number of female members: .....Number of male members: .....**

**Please sign the following declaration**

We declare that information contained within this form is correct. We have read and agree to abide by the rules of HCT and the conditions governing the use of vehicles (as laid out in the Membership Pack) and as shall be decided upon from time to time by HTC's Management Committee. We agree that we will ensure that only drivers authorised by HCT will be allowed to drive the vehicles. We undertake responsibility for any traffic violation penalties (eg. speeding, parking, congestion charges) incurred by our drivers in HCT vehicles. In case of accident, we shall be liable for the insurance excess. We are authorised to make this commitment on behalf of our organisation and understand and accept the liabilities.

We enclose cheque/cash for £ .....

Name (please print) \_\_\_\_\_ Sign \_\_\_\_\_

(Must be one of the authorised contacts)

Date \_\_\_\_\_

**Group / Organisation Details**

**Please tick the one category that best describes your group**

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- Shopping                       Education                       Social welfare                       Leisure
- Other

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(Must be one of the authorised contacts)  
Date \_\_\_\_\_