



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: £19.80 (£16.50 + VAT per annum) (A) ☐

Voluntary groups receiving more than £1,000 and less than £5,000 funding per year

Fee: £46.20 (£38.50 + VAT per annum) (B) ☐

Voluntary groups receiving more than £5,000 funding per year

Fee: £92.40 (£77.00 + 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:

Group / Organisation Details

Please tick the one category that best describes your group

Activity

- | | | | |
|-----------------------------------|-------------------------------------|---|----------------------------------|
| <input type="checkbox"/> Social | <input type="checkbox"/> Employment | <input type="checkbox"/> Recreation | <input type="checkbox"/> Health |
| <input type="checkbox"/> Shopping | <input type="checkbox"/> Education | <input type="checkbox"/> Social welfare | <input type="checkbox"/> Leisure |
| <input type="checkbox"/> Other | | | |

Type of Organisation

- | | | | |
|--|--|--|--|
| <input type="checkbox"/> Voluntary | <input type="checkbox"/> Pressure group | <input type="checkbox"/> Sheltered housing | <input type="checkbox"/> Nursing Home |
| <input type="checkbox"/> Community group | <input type="checkbox"/> Business | <input type="checkbox"/> Youth group | <input type="checkbox"/> Support group |
| <input type="checkbox"/> Self help group | <input type="checkbox"/> Local authority | <input type="checkbox"/> Residents group | <input type="checkbox"/> Other |

Type of Passenger

- | | | | |
|--|---------------------------------------|-----------------------------------|---|
| <input type="checkbox"/> Disabled people | <input type="checkbox"/> Young people | <input type="checkbox"/> Children | <input type="checkbox"/> Elderly people |
| <input type="checkbox"/> Ethnic people | <input type="checkbox"/> Other | | |

Funding

- | | | | |
|------------------------------------|-------------------------------------|-----------------------------------|----------------------------------|
| <input type="checkbox"/> Statutory | <input type="checkbox"/> Charitable | <input type="checkbox"/> Business | <input type="checkbox"/> Members |
| <input type="checkbox"/> 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 _____