

## Annual Membership Form

Group/Individual's Name \_\_\_\_\_

Name of Contact \_\_\_\_\_ Name of Invoicee \_\_\_\_\_

Address \_\_\_\_\_

Postcode \_\_\_\_\_ Postcode \_\_\_\_\_

Tel (day) \_\_\_\_\_ (eve) \_\_\_\_\_ Tel (day) \_\_\_\_\_ (eve) \_\_\_\_\_

E Mail \_\_\_\_\_ E Mail \_\_\_\_\_

Is the contact person the only person we can take bookings from? Yes/No

Can the invoicee make bookings? Yes/No

Additional Contact Name \_\_\_\_\_ Tel \_\_\_\_\_

**NB:**

1. Only persons listed will be able to book vehicles.
2. Any contact which no longer represents the organisation is required to be deleted.
3. Any changes in details of a contact must be notified in writing.
4. The nominated driver must not be the name of contact.

Please tick as appropriate:

Organisation Type	Passenger Category	Funding	Main Activity
Voluntary <input type="checkbox"/>	Disabled <input type="checkbox"/>	Health <input type="checkbox"/>	Social <input type="checkbox"/>
Pressure Group <input type="checkbox"/>	Young People <input type="checkbox"/>	Charitable <input type="checkbox"/>	Recreation <input type="checkbox"/>
Shelt. Housing <input type="checkbox"/>	Children <input type="checkbox"/>	Local Auth. <input type="checkbox"/>	Health <input type="checkbox"/>
Nursing Home <input type="checkbox"/>	Other <input type="checkbox"/>	Statutory <input type="checkbox"/>	Shopping <input type="checkbox"/>
Community Group <input type="checkbox"/>	Elderly <input type="checkbox"/>	Business <input type="checkbox"/>	Education <input type="checkbox"/>
School <input type="checkbox"/>	Ethnic Minority <input type="checkbox"/>	Other <input type="checkbox"/>	Social Welfare <input type="checkbox"/>
Youth Group <input type="checkbox"/>	Mixed <input type="checkbox"/>	Members <input type="checkbox"/>	Employment <input type="checkbox"/>
Support Group <input type="checkbox"/>	Elderly & Disabled <input type="checkbox"/>		Leisure <input type="checkbox"/>
Self Help <input type="checkbox"/>	Women <input type="checkbox"/>		Other <input type="checkbox"/>
Other <input type="checkbox"/>			Arts <input type="checkbox"/>
Local Auth <input type="checkbox"/>			
Residents Group <input type="checkbox"/>			
Faith Group <input type="checkbox"/>			

## Rules and Terms of Lewisham Community Transport Scheme

Lewisham Community Transport Scheme provides affordable, accessible mini-buses for use by local community and voluntary organisations.

In order to utilise the services of Lewisham Community Transport Scheme, organisations must fulfil the following conditions:

### Either:

1. Be based within the locality of the Borough of Lewisham.
2. Have members within the locality of the Borough of Lewisham.
3. Be assisting people/residents within the locality of the Borough of Lewisham.

### And:

- Not be established for profit

### And be concerned with:

- Education
- Religion
- Social Welfare
- Recreation
- Other activities of benefit to the community

I declare that the information supplied is correct, and having read the rules and terms of membership and the terms and conditions of group transport, I will abide by these conditions and those decided by the management committee. I agree that only drivers authorised by LCTS and abide by these conditions will be allowed to drive. I agree to pay an annual membership fee which may vary from time to time. I am authorised to make this commitment on behalf of our organisation. I agree to pay a sum of not more than £1 (one pound) should the scheme be wound up.

I enclose a cheque/p.o for the correct amount :  
made payable to 'Lewisham Community Transport'.

<b>A</b> – Individuals	£15.00
<b>B</b> – Groups (turnover less than £5k per year)	£25.00
<b>C</b> – Groups (turnover more than £5k per year)	£40.00
<b>D</b> – Schools	£50.00
<b>E</b> – Mainstream groups (local authority etc)	£100.00

Signed \_\_\_\_\_

Printed \_\_\_\_\_

Date \_\_\_\_\_

Official Use Only:  
Membership No.

The following information will help us to provide statistics to monitor our Equal Opportunities Policy, and in no way will affect your access to the service.

### Ethnic Origin:

Please tick any boxes that you feel would be a fair representation of the majority of your passengers.

Black  Asian  White British  White European   
Other  Mixed

In order to help us process your application, please state your organisations aims and objectives, or attach a copy of your constitution:

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