Wandsworth Community Transport

MEMBERSHIP FORM 2026/2027

GROUP NAME: _____

Address	Address for correspondence (if different)
Post Code	Post Code

Main Contact / Principal Booking Person: _____

Main Phone: _____ Other Phone: _____ Fax No.: _____

Main email address: _____

__Other authorised booking personnel__

	Name	Main Phone	Other Phone	Position
1				
2				
3				

Invoices to be sent to (if different from main): _____

Invoice Phone: _____ Other Phone: _____ Fax No.: _____

Invoice email address: _____

Address (to which all invoices will be sent)
Post Code

Declaration and Data Protection

My group is a **non-profit making organisation** and wishes to join/renew membership of Wandsworth Community Transport. We agree to abide by WCT's Terms and Conditions of use for 2026/27. I agree to be personally responsible for all bookings made in the group's name by authorised people and for the payment of all invoices.

WCT will only use the information supplied to administer your membership and to keep you informed of our services. WCT will not pass your details to any third party and you can request that your details be permanently erased at any time. By signing this declaration you agree to this use of your data – see our Privacy Statement for full details.

Signed _____ Date: _____ Position in Group: _____

Are you renewing an existing membership? (enter X in either box) **YES** ☐ **NO** ☐

If so, there is no need to answer the questions overleaf concerning membership verification, but do please update your monitoring information.

Equal Opportunities Monitoring and Membership Verification

As Wandsworth Community Transport is fully committed to the promotion of equality both in the provision of its service and as an employer, we would be grateful if you could give us some details of your membership. We may need to ensure that your intended use of our service complies with our Terms and Conditions before we accept your membership application.

Aims and objectives of your Organisation:

Please attach a copy of your constitution, information leaflets or similar documentation describing your organisation and demonstrating your standing in the community, proof of address and eligibility for membership. Send this by post if you have joined on the internet

Intended use of our vehicles:

Name, address and telephone number of someone who can act as a referee for your organisation

This should be someone in a position of authority, a Council official, Leader of a fellow organisation or existing WCT member who can vouch for your organisation and credit worthiness.

Membership of your group: Please estimate the total number of different people using our services during the course of the year **(Actual Number NOT Percentages):**

Male		How many of these would describe themselves as having a disability	
Female			

Please give an estimate of the number of your members who would describe their ethnic origin as listed below **(Actual Number NOT Percentages):**

White		Black		Black Caribbean	
Black African		Black other		Indian	
Pakistani		Bangladeshi		Chinese	
Other Asian		Other		Mixed	

How did you come to hear of the services provided by WCT? (enter X in appropriate box)

Mailout ☐   Word of Mouth ☐   Shopmobility ☐   Publicity leaflet ☐

Internet ☐   Saw a WCT Bus ☐   Local Press ☐   Doctor's Surgery ☐

Library ☐   Council Publicity ☐   Other (Please Specify): ☐

Please return this form to: Wandsworth Community Transport, 1B Yukon Road, London SW12 9PZ

Office Use Only

Code [   ]   CTX [/ /]   SAGE [/ /]   S/O [   ]