Member’s Application Form Group Registration

 Please use capital letters throughout

 Private and Confidential when complete

 Membership No: ………………………………………..

Doctor Clinic Friend Poster/Leaflet Website Other: ……………………………

How did you hear of the Scheme?

Group Activities: ……………..……………………………………………………………………………………………………………..

…………………………………………………………………………………………………….……………..…………………….………….

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Contact Name: ……………………………………………..…………………………………………………………….…………………

Address: ……………………………………………………………………………………………………………………………………….

……………………………………………………………………………………………… Post Code: ……………..……….…………..

Tel No: ………………………..………………….………….. Mobile No: ………………………..…………………….………….

Group Name: ……………………………………………..……………………….………………….…………………………….………

Group Address: …………………………………………….……………………………………………………………………………….

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……………………………………………………………………………………………… Post Code: ……………..……….…………..

Tel No: ………………………..………………….………….. Mobile No: ………………………..…………………….………….

Email: ………………………………………………………………………………………………………………………….………….……

Group Details

Contact Person Details

Group Activities

Date: ……………..…………………

Signed: ………………………………………………………………………………………

We the (group) ………………………………………………………………………………………………………. would like to become a member of Wyvern Community Transport.

I enclose the annual membership fee of £25.00.

**I understand that all personal data are processed and stored in accordance with the General Data Protection Regulation 2018.**