

Membership Application Form

For information on membership or help completing this form:

www.ctauk.org | Telephone: 0161 351 1475 | E-mail: membership@ctauk.org

PLEASE COMPLETE IN BLOCK CAPITALS

About Your Organisation:

Name of organisation:	
Address:	
	Postcode:
Telephone:	Twitter handle:
Main e-mail address: (This e-mail address will be your username to login to the members' area of our website)	Website address:

Details of Main Contact (This person will receive all member communications and will be the main point of contact for CTA)

First Name:	Surname:	Title:
Job Role:		
Telephone:		
Main e-mail address:		

What is the legal structure of your organisation? (Please add number where applicable)

Company Limited by Guarantee	<input type="checkbox"/>	Company Number:
Registered Charity	<input type="checkbox"/>	Charity Number:
Community Interest Company	<input type="checkbox"/>	CIC Number:
Private Limited Company	<input type="checkbox"/>	Company Number:
Industrial and Provident Society	<input type="checkbox"/>	IPS Number:
Unincorporated	<input type="checkbox"/>	
None of the above	<input type="checkbox"/>	

Please provide a short description of your organisation and what part it plays in the community:

Is providing transport a main function or the primary purpose of your organisation?

We collect this information to ensure the communications you receive are relevant to your organisation. You can opt-out of these communications below.

Yes

No

Please indicate the gross annual income bracket OR description which best fits your organisation:

EITHER	Annual Membership Fee		Annual Membership Fee		
Under £25,000	FREE	<input type="checkbox"/>	Between £500,000 and £1 Million	£320.00	<input type="checkbox"/>
Between £25,000 and £50,000	£50.00	<input type="checkbox"/>	Over £1 Million	£400.00	<input type="checkbox"/>
Between £50,000 and £100,000	£80.00	<input type="checkbox"/>	OR		
Between £100,000 and £250,000	£120.00	<input type="checkbox"/>	Primary, Secondary School or Sixth Form College	£50.00	<input type="checkbox"/>
Between £250,000 and £500,000	£215.00	<input type="checkbox"/>	Public Body	£400.00	<input type="checkbox"/>

Does your organisation have multiple branches or is an umbrella organisation?

Yes

No

Additional Information about your service

These questions help us understand the type of service our members deliver. Please complete the relevant questions for your organisation.

Charity and not-for-profit Community Transport providers

What types of direct transport services do you deliver or want to deliver?

- Community Bus Routes
- Community/Volunteer Car Schemes
- Dial-a-ride / Demand Responsive Transport
- Group Hire Transport
- Shop Mobility
- Wheels to work
- e-bike
- Car clubs

Do you own and/or lease your own vehicles?

- Yes
- No

Do you currently have any electric vehicles in your fleet?

- Yes
- No

Which permits do you plan to/currently operate with?

- Section 19
- Section 22
- PSV Operator
- Section 10B (NI only)
- We do not use/need a permit

Do you have a separate trading arm which delivers commercial/contract services?

- Yes
- No

Do you deliver services within more (*that cover*) than one Local authority area?

- Yes
- No

How would you describe the area you operate?

- Mainly Urban
- Urban with Rural areas
- Mainly Rural
- Island
- Coastal

How many volunteers currently support your service?

- 0-10
- 11-20
- 21- 30
- 30 +

Do you utilise volunteer drivers?

- Yes
- No

If Yes, how many vehicles are in your fleet?

- 1-5
- 6-10
- 10-15
- 16-20
- 20-25
- 25+

If Yes, what permits do you use to operate services in the trading arm?

- Section 19
- Section 22
- PSV Operator
- Section 10B (NI only)

If Yes, which areas do you cover?

What are the main types of trips do you undertake?

- Health – GP/Medical Appointments/hospital
- Social – to arranged activities/Clubs
- Social – to friends or family
- Shopping
- Social – day out trips
- Social – general leisure
- Access to work

School and educational establishments

Do you own and/or lease your own vehicles?

- Yes
 No

Do you currently have any electric vehicles in your fleet?

- Yes
 No

If yes, how many vehicles are in your fleet?

- 1-5
 6-10
 10-15
 16-20
 20-25
 25+

Public Bodies and Local Authorities

Do you commission community transport services in your area?

- Yes
 No

If Yes, What types of direct transport services do you commission?

- Community Bus Routes
 Community/Volunteer Car Schemes
 Dial-a-ride / Demand Responsive Transport
 Group Hire Transport
 Shop Mobility
 Wheels to work
 e-bike
 Car clubs

Do you directly deliver community transport services in your area?

- Yes
 No

If Yes, What types of direct transport services do you deliver?

- Community Bus Routes
 Community/Volunteer Car Schemes
 Dial-a-ride / Demand Responsive Transport
 Group Hire Transport
 Shop Mobility
 Wheels to work
 e-bike
 Car clubs

Do you own and/or lease your own vehicles?

- Yes
 No

Do you currently have any electric vehicles in your fleet?

- Yes
 No

If yes, how many vehicles are in your fleet?

- 1-5
 6-10
 10-15
 16-20
 20-25
 25+

If you would like to receive communications from CTA such as our monthly e-mail newsletter, important updates and our quarterly journal (by post), please indicate your consent below:

By e-mail:

By post:

By phone:

If you would like to occasionally receive information from our Corporate Supporters on useful products or services by e-mail please tick here:

You can opt-out at any time.

Please return your completed form to membership@ctauk.org or by post to CTA Membership Team, 12 Hilton Street, Manchester, M1 1JF

All information we collect is held in accordance with our privacy notice which you can find on our website:

www.ctauk.org

Please indicate how you heard about CTA / Who recommended CTA Membership

Please indicate your preferred method of payment

(Please skip this section if your organisation is eligible for free membership, see previous page)

Cheque Payable to CTA, ensure your organisation's name is written on the back and post it to us with this form.

Credit/Debit Card Please fill in the details below.

Credit/Debit Card

Visa

MasterCard

Switch/Maestro

Delta

Valid from:	Month	Year
Issue No.		
Expiry Date:	Month	Year
Security Code:	(this is the 3 digit code on the reverse of your card)	

Card Number:

Cardholder Name:

Cardholder Address:

For CTA official use only

CTA Number:

Date received

Slip

Database