Membership Application Form 2015

Please state how you heard about us:

Please complete each part of this form in full. All information will be treated confidentially and is for statistical purposes only.

A Information about your Organisation

Name of Owner/Proprietor:	
Name Of Provider:	
Address:	
Post Code:	
Telephone Number:	**Fax Number:**
Email Address:	
Name of Manager if applicable:	
Group name:	
Other Homes in Ownership:	

B Additional Information

Category of Provider:

- ☐ Care home with Nursing
- ☐ Care Home
- ☐ Domiciliary Care
- ☐ Other (Please State)

Age Group of clients cared for:

- ☐ Children
- ☐ Elderly
- ☐ 18 to Statutory Retirement

Category of clients cared for:

- ☐ Elderly
- ☐ EMI
- ☐ Other
- ☐ Physically Handicapped
- ☐ Learning Disability
- ☐ Alcohol Dependence
- ☐ Drug Dependence

Number of Registered Beds _____

Date of insurance renewal _____

Gas Renewal Date _____

Electricity Renewal Date _____

C

I wish to apply for membership of National Care Association

I agree to a representative of National Care Association visiting my business if required, by appointment, so that an audit can be made to ensure we are abiding by the codes of practice.

I am aware that the discounted rates shown below are for one year only unless otherwise stated.

(Please tick the appropriate box)

Membership Type	Membership Fee
Homes with 45 beds or more	£500.00
Covering a single home of over 10 beds or more	£352.00
Covering a single home of under 10 beds	£278.00
Domicilliary Care Agency	£273.00

☐ Cheque **The Cost to register an additional business is £126.00** ☐

I enclose a cheque payable to National Care Association for £ _____ being full payment covering my subscription for a 12 month period. New memberships begin on the first of the month once payment is received. Renewals will be extended from the last paid month.

Credit Card Payment: (Please note we can only accept Mastercard or Visa Payments)

Please Debit My ☐ MasterCard ☐ Visa

Card Number ☐☐☐☐ ☐☐☐☐ ☐☐☐☐ ☐☐☐☐

Expiry Date ☐☐ – ☐☐

Signature _____ Print Name _____ Date _____

Cardholders address if different from the address overleaf:

Address:
Post Code:

BACS or Internet Banking payments

Account name: National Care Homes Associations
Sort Code: 82-04-03 Account number: 50403165
Reference: NEW/*insert name of care home or group* (required to allocate payment correctly)
Remttance to be sent via email: info@nationalcareassociation.org.uk

Contact Us

National Care Association

Suite 4, Beaufort House, Beaufort Court, Sir Thomas Longley Road, Rochester KENT ME2 4FB
Tel: 01634 716615 Fax: 01634 727794
Email: info@nationalcareassociation.org.uk Web: www.nationalcareassociation.org.uk