

MEMBERSHIP APPLICATION FORM



Please complete each part of this form in full.

How did you hear about the National Care Association? (please give details)

.....
.....

Information about your organisation

Name of owner/proprietor:

Title: First name: Surname:

Name of provider:

Address:

.....

Postcode:

Telephone: Fax:

Email address:

Name of manager (if applicable):

Group Name:

Other homes in ownership:

.....

Additional information

Category of provider: Care home with nursing Domiciliary care
 Care home Other (please state)

Client age group: Children Elderly
 18 to statutory retirement

Category of clients: Elderly Physically handicapped Alcohol dependence
 EMI Learning disability Drug dependence
 Other

Number of registered beds: Date of insurance renewal:

Gas renewal date: Electricity renewal date:

By applying for membership I confirm that I am registered with the CQC and 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 understand that information may be shared with National Care Associations registered partners.

Membership type	£ fee per year	Please tick
Covering a single home of over 45 beds	£500.00	
Covering a single home of over 10 beds	£352.00	
Covering a single home of under 10 beds	£278.00	
Domiciliary care agency	£273.00	
To register an additional business	£126.00	

I am aware that the rates shown above are for one year only unless otherwise stated. New memberships begin on the first of the month once payment is received, renewals will be extended from the last paid month.

Cheque

I enclose a cheque payable to National Care Association for £..... being full payment covering my subscription for a 12 month period.

Credit card

Please debit my:

Mastercard Visa

Card number:

Expiry date: /

CVC:

Signature: Print name: Date:

Cardholders address: (if different from overleaf)

BACS or Internet banking payment

Account name: National Care Homes Association

Sort code: 82-04-03 Account number: 50403165

Reference: Please insert name of care home or group to allow correct allocation of payment

Remittance to be sent via email to info@nationalcareassociation.org.uk

Contact

National Care Association, Suite 4, Beaufort House, Beaufort Court,

Sir Thomas Longley Road, Rochester, Kent, ME2 4FB

T: 01634 716615 F: 01634 727794

E: info@nationalcareassociation.org.uk W: www.nationalcareassociation.org.uk