

# SUPPLIER APPLICATION FORM



Please complete each part of this form in full.

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

.....  
 .....

**Contact details, please note this information will appear on our website in the suppliers directory**

Company name: .....

Contact Name

Title: ..... First name: ..... Surname: .....

Job title: .....

Address: .....

.....

Postcode: .....

Telephone: ..... Fax: .....

Email address: .....

Website: .....

**Please note: 'National Care Association does not endorse or warrant any supplier'**

Membership type	
Gold £500	You will be advertised on our website 4 e-shots out to our members in our ENews Use of our Suppliers Forum logo for the duration of your membership Any literature supplied to NCA will be sent to our renewing members You will receive all information sent to our membership including our weekly e-newsletter *For an additional £100 + VAT you can have a stand at any of our regional events (excludes annual symposium)  *the additional cost to exhibit is per event, there is a limit to the number of suppliers who can exhibit at each event, stand space is therefore allocated on a first come first served basis.
Silver £250	You will be advertised on our website 2 e-shots out to our members in our ENews Use of our Suppliers Forum logo for the duration of your membership You will receive all information sent to our membership including our weekly e-newsletter
Bronze £200	You will be advertised on our website Use of our Suppliers Forum logo for the duration of your membership You will receive all information sent to our membership including our weekly e-newsletter

*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.*

Please give a brief description of your business:

Does your business comply with your industries Regulatory / Governing Body and adhere to the appropriate British Standards: YES:  No:

Please state any professional bodies you are a member of / or are accredited with:

### Declaration

I agree to join the National Care Association as a Supplier Forum Member

Print name: .....

Signature: ..... Date: .....

### Type of membership applied for:

Gold  Silver  Bronze

### 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 company name to allow correct allocation of payment

### 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