

Membership Application Form

YOUR INFORMATION Name and title: Position: **Business address:** Postcode: **Business telephone: Business email:** INFORMATION ABOUT YOUR ORGANISATION Name of Care Service: Group name: (if applicable) Other homes in ownership: (if applicable) Category of provider: Care Home with Nursing Domiciliary Care / Supported Living Care Home / Residential Number of registered beds: Client Age Group: Elderly 18—statutory retirement **Category of clients:** Dementia Learning disability Mental Health. **Physical Disability** Alcohol dependence **Drug Dependence CONTACT PERMISSIONS** Under the new GDPR law you will need to 'opt in' to receive NCA communications and member benefits. Please be aware these communications are only available to members and form part of your member benefits. Opt-in to receive: ■ I am happy for NCA to email information regarding industry updates, policy, guidance and compliance, news, events and marketing. Guidance and advice on key issues from NCA experts ■ I am happy to receive communications by phone. Toolkits and templates Latest industry changes and news in ☐ I am happy for my details to be shared with NCA sponsors/suppliers offering benefits your inbox in real time. and discounts only available to NCA members. (current sponsor and supplier lists are available at www.nationalcareassociation.org.uk/supplierdirectory) Members only information communicated via email or through ■ No thank you, I do not wish to receive communication. your login on the NCA website Monthly round-up newsletter You have the right to withdraw your consent to communications at any time by Benefits from discounted deals from contacting info@nationalcareassociation.org.uk our sponsors and suppliers

As a member of National Care Association we will contact you through the details you have provided regarding your membership and renewal. Contact details provided to National Care Association for the DBS service will only be used in relation to DBS enquiries, service updates and compliance and not for marketing purposes.

How did you hear about National Care Association?			
MEMBERSHIP TYPE			
		£ fee per year	Please Tick
Covering a single home of under 10 beds		£278.00	
Covering a single home of 10 - 44 beds		£352.00	
Covering a single home of 45+ beds		£500.00	
Domicillary / Supported living		£273.00	
To register an additional business		£126.00	
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 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.			
PAYMENT			
□ Offer code (where applicable) 20% NEW MEMBER DISCOUNT ON PRICES GIVEN ABOVE □ Cheque □ I enclose a cheque payable to National Care Association for £ full payment covering my subscription for a 12 month period. □ Credit card Please debit my: Mastercard Visa			
Card number:			
Expiry date:	/		
CVC:			
Signature: Date: Cardholders address: (if different from overleaf)			
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 If you wish to pay by annual or 6 monthly standing order please contact the office.			
Contact National Care Association, Suite 4, Beaufort House, Beaufort Court, Sir Thomas Longley Road, Rochester, Kent, ME2 4FB T: 01634 716615 E: info@nationalcareassociation.org.uk W: www.nationalcareassociation.org.uk			