

Membership Application Form 2012



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

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		
Title:	First Name:	Surname:
Name of Provider:		
Address:		
Post Code:		
Telephone:	Fax Number:	
Email Address:		
Name of Manager (if applicable):		

Other Homes In Ownership:

B) Additional Information

Category of Provider: Care Home with Nursing Domiciliary Care

 Care Home Other (please state)

Age Group of clients cared for: Children Elderly 18 to Statutory Retirement

Category of clients cared for: 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 _____

I wish to apply for membership of National Care Association

(Please tick the appropriate box)

Membership Type	Membership Fee	Tick
Covering a single home of over 45 beds	£500.00	
Covering a single home of over 10 beds	£336.00	
Covering a single home of under 10 beds	£265.00	
Domicilliary Care Agency	£260.00	
Care and Cluster Units (same town)	Contact us direct about membership fees	

The cost to register an additional business is £120.00

Cheque

Credit Card

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

Credit Card Payment

(Please note we can only accept Mastercard or Visa Payments)

Please Debit My:

MasterCard

Visa

Card Number

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Expiry Date

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Signature _____ Print Name _____ Date _____

Cardholders address if different from the address overleaf:

Address:
Post Code:

Contact Us

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