

# Membership Application Form 2010

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Please complete each part of this form fully. All information requested will be treated confidentially and is for statistical purposes only. Complete sections A, B and C.

## A

Name of Proprietor	<input type="text"/>	
Name of Home:	<input type="text"/>	
Address of Home:	<input type="text"/>	
	<input type="text"/>	
	<input type="text"/>	
Post Code:	<input type="text"/>	
Telephone number:	<input type="text"/>	Fax number: <input type="text"/>
Name of Manager if applicable	<input type="text"/>	
Other Homes in Ownership:	<input type="text"/>	
Email Address:	<input type="text"/>	

## B

Please complete sections A, B & C by ticking the appropriate categories you cater for:

Category of Home (A):	<input type="checkbox"/> Care Home with Nursing	<input type="checkbox"/> Domiciliary Care	
	<input type="checkbox"/> Care Home	<input type="checkbox"/> Other: _____	
Age Group of Client (B):	<input type="checkbox"/> Children	<input type="checkbox"/> 18 to Statutory Retirement	<input type="checkbox"/> Elderly
Category of Client (C):	<input type="checkbox"/> Elderly	<input type="checkbox"/> Physically Handicapped	<input type="checkbox"/> Alcohol Dependence
	<input type="checkbox"/> EMI	<input type="checkbox"/> Learning Disability	<input type="checkbox"/> Drug Dependence
	<input type="checkbox"/> Other: _____		

Number of registered beds: \_\_\_\_\_ Date of Insurance renewal: \_\_\_\_\_

**I wish to apply for direct membership of the NCA**

I have read and agree to abide by the GSCC Codes of Practise as required by the Care Standards Act 2000.

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

I wish to apply for membership of NCA at the current fee of (tick the appropriate box):

- £312 covering a single home of over 10 beds
- £245 for a single home of under 10 beds
- £245 for a domiciliary care agency

The cost to register additional homes in a group is £115.00 per additional home.

**Method of Payment**

Cheque

Credit Card

Direct Debit

I enclose a cheque payable to the National Care Association for £\_\_\_\_\_ being full payment covering my subscriptions 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**

We can only accept MasterCard or Visa for Credit Card Payments

Please debit my:  MasterCard  
 Visa

Card Number:

Expiry Date:   -

Card Holders Address: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Signature: \_\_\_\_\_ Print Name: \_\_\_\_\_ Date: \_\_\_\_\_

**Direct Debit Payment**

To pay via Direct debit complete the attached form and return to National Care Association.

