



MEMBERSHIP APPLICATION FORM

I/We wish to apply for Membership of Lincolnshire Care Association and agree to abide by the Terms & Conditions/Constitution of the Association.

Please use BLOCK CAPITALS

NAME OF ORGANISATION REGISTERED WITH CQC (IF APPLICABLE) :.....

TYPE OF ORGANISATION:.....

NAME OF PROPRIETOR/MANAGER:

ADDRESS:.....

TELEPHONE NO: (Include STD code):.....

E MAIL ADDRESS:.....

ANY ADDITIONAL E MAIL ADDRESSES TO BE INCLUDED ON THE CIRCULATION LIST (I.E. MANAGER, ADMINISTRATOR):
.....
.....

NUMBER OF REGISTERED BEDS (CARE HOME ONLY):.....

SIGNED: DATE:.....

I/We enclose payment of £_____ being calculated at the rate of £5.20 per registered bed (Care Home), or a fee of £300.00 for Domiciliary Care – Lead Providers or £200.00 for other Domiciliary Care Providers, Community Support Services and Extra-Care Housing Care which entitles me/us to Membership of Lincolnshire Care Association for the period ending 31st December 2018.

All cheques should be crossed and made payable to “Lincolnshire Care Association.”

BACS Details	Account name:	Lincolnshire Care Association
	Sort Code:	09-01-55
	A/C No:	76565180
	Bank:	Santander Bootle Merseyside GIR 0AA

When completed please return this form together with the appropriate remittance to Susanna Lovelock, Administrator, Lincolnshire Care Association, Greetwell Place, 2 Limekiln Way, Greetwell Road, Lincoln, LN2 4US

<u>For Office Use only</u>	
Application/Payment Received:	<input type="text"/>
Website Login/Password Issued:	<input type="text"/> <input type="text"/>