

# Membership Application

Name of Organisation \_\_\_\_\_

Name of Care Provision \_\_\_\_\_

Service(s) within organisation \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Name of Registered Manager \_\_\_\_\_

Name of person completing this form \_\_\_\_\_

Position within organisation \_\_\_\_\_

Contact details :  
Address \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Post Code \_\_\_\_\_

Telephone \_\_\_\_\_

Fax \_\_\_\_\_

Email \_\_\_\_\_

Email of person to attend PIC Meetings \_\_\_\_\_

Email of person to attend Open Meetings \_\_\_\_\_

Are you interested in attending committee and other meetings  Yes  No

Signature \_\_\_\_\_

Date \_\_\_\_\_

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For Residential and Nursing Homes:-

No of registered beds	_____
Residential	_____
Nursing	_____
Registration category	_____
Dementia Nursing/Residential	_____
Other services provided	_____
	_____
	_____

### Membership fees.

#### Domiciliary care provider

under 25 staff (wte):  £200.00 pa  
over 25 staff (wte):  £250.00 pa

#### Residential/Nursing/Day care:

1 home/centre  £200.00 pa  
1 – 3 homes/business  £200.00 for the first home + £50 per additional home/business  
Larger Groups  £400

The stronger our membership, the stronger our negotiating power on your behalf.

**Please now sign this form and send to,** GCPA, Gloucester House, 29 Brunswick Square, Gloucester, GL1 1UN, Tel: 01452 385200

Please enclose a cheque made payable to GCPA or alternatively, you can make payment via BACS using our details:

Account Number: 63098583 Sort Code: 203383

Thank you.

For office use only

Cheque received	Date:
Application processed by	
Name:	
Signature:	Date: