



## Safety in Care

# Membership Application

I wish to apply for membership of the Association. *\*required fields*

\* Membership grade (see conditions of membership) Individual  Corporate

\* Title (Mr. Mrs. Ms etc.): \_\_\_\_\_ \*First Name: \_\_\_\_\_

\* Surname: \_\_\_\_\_ Honours/awards: \_\_\_\_\_

\* Current Post: \_\_\_\_\_

\* Organisation Name: \_\_\_\_\_

\* Type of Organisation (e.g. not for profit, independent, supplier, public sector etc)

Please specify \_\_\_\_\_

\* Address for correspondence: \_\_\_\_\_

\_\_\_\_\_ \*Town/City: \_\_\_\_\_ \*Post Code: \_\_\_\_\_

Telephone: Home: \_\_\_\_\_ \*Business: \_\_\_\_\_ Mobile: \_\_\_\_\_

Email: Home: \_\_\_\_\_ \* Business: \_\_\_\_\_

Where did you hear about us? Web; Mailshot; Article; E mail; Colleague; or

I enclose the current yearly subscription \*\* Event (Specify) \_\_\_\_\_

of £ \_\_\_\_\_ OR Please send an invoice   
(This will be sent electronically to the application address)

If accepted as a member of the Association, I formally agree and undertake to be bound by and comply with the terms of the constitution of the National Association for Safety and Health in Care Services as it may be amended from time to time.

Signed: \_\_\_\_\_ Date: \_\_\_\_\_

\*\* Current rates are:- Individual £ 54 : Corporate £ 184 :

### Data Protection Statement

NASHiCS will store personal information about you on computer systems and in manual records to allow your membership to continue and to enable the Association to fulfill its Aims and Objectives. Information will only be provided to others where you have given explicit authority to do so or where there is a statutory duty to do so.

You may request a copy of the information held by contacting NASHiCS Administrator.

PLEASE RETURN COMPLETED FORM TO:- **The Administrator,**

**NASHiCS, 347, Horse Road, Hilperton, Trowbridge, Wiltshire. BA14 7PE.**

Telephone **01225 767902.** E-mail [administrator@nashics.org](mailto:administrator@nashics.org) Website [www.nashics.org](http://www.nashics.org)

Office use	Received	Payment E/ C/I	Member No.	Inv No.	Pack