



## Safety in Care



October 2017

### Membership Application

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

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

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

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

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

\* Organisation Name: \_\_\_\_\_ \* Type (e.g. not for profit, independent,  
Public, supplier etc) Please specify \_\_\_\_\_

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

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

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

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

Where did you hear about us? Web; Mailshot; Article; E mail; Colleague; or Event (Specify)

I enclose the current yearly subscription \*\*

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 2018 rates are: Corporate £199: Individual £ 65: Retired £35: Individual Associate £15

#### 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, Hilperon, Trowbridge, Wiltshire. BA14 7PE.

Telephone 07840160030. 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
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