

If you are not already part of the North Wales Care Association network and missing out on the benefits of membership, send this form for further information.



APPLICATION FOR MEMBERSHIP

Name of organisation

Address _____

_____ **Post code** _____

Telephone No: _____
Fax No: _____
Email address: _____

Name of Local Authority/LHB Area

Registered Person / Nominated Individual

Registered Manager (if applicable)

Sole Trader
 Partnership
 Limited Company
 Charity
 Statutory Body
 Other

**Please return to:
NWCA, Hillbury House,
2 Hillbury Rd, Wrexham. LL14 5RA.
Tel: (01978) 755400**

Category:

Domiciliary
 Nursing
 EMI
 Residential
 Hospice
 Children and Young People
 Education / Training
 Other

If a Care Home / Hospice, Total No. beds: _____

Nursing **Number of beds:** _____
 Residential **Number of beds:** _____

Client categories (if applicable)
(eg Elderly, Mental Health, Learning Disabilities, Younger Disabled, Children, etc)

Signed: _____
Date: _____
Print name: _____
Position: _____