



Membership Application

Organisation _____

Head office address _____

_____ Postcode _____

Tel no _____ Fax _____

Main email _____

Additional Email _____

Additional Email _____

Additional Email _____

Website address _____

Number of care homes _____ Number of beds _____

Please list any specialist types of care you provide _____

If you have more emails you would like to add to this list please supply these on a separate sheet or email the full list to membership@ecca.org.uk in order for the information service benefits to be distributed to your group. Please tick Attached Emailed

ECCA's subscription fees for members are based on registered bed numbers and I undertake to declare accurately such numbers as and when they are adjusted with the registration authority. I understand that membership of ECCA is **£6.90 per each registered bed** that my care home group represents and I endeavour to keep this membership information up to date.

Please note that there is a minimum yearly subscription of £150. I also understand that if I want to resign from ECCA I should give six months notice, in writing, prior to doing so.

Name: _____ Job Title: _____

Signature: _____ Date: _____

How did you hear about ECCA? Please circle below

Website Word of Mouth Advertisement Membership Offer Press Coverage Through ECCA Staff

Referred through Existing Member Other _____

From time to time we would like to send you details of special offers and events from ECCA and the approved organisations which supply its membership benefits. Please tick the box if you would like to hear from ECCA Approved organisations

Please send the completed form to: Membership Services, ECCA, 2nd Floor, Monmouth House, 40 Artillery Lane, London E1 7LS. Tel: 08450 577 677 Fax: 08450 577 678 email: membership@ecca.org.uk

Office use only

ACCOUNTS DEPT

MEMBERSHIP DEPT

Invoice number

Updated to distribution lists

Paid _____

Database entry

Welcome pack sent _____

Notes: _____

Notes: _____