



Essex Independent Care Association

Membership Application Form 01 October 11 to 30 September 2012

Organisation Name	Contact Name
Organisation Address	Contact Email Telephone No.
Registered Manager Name (if different from Contact Name) Registered Manager Email Address	

Please tick which local authority areas you work with

Essex County Council	Southend Borough Council	Thurrock Council
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Please tick your service sector

Care Home Services	Care Home Services With Nursing	Domiciliary Care
Older People	Learning Disability	Children and Young People
Dementia	Mental Health	Supported Living
Other please specify		

Fees

£180 per annum for care homes of more than 10 beds or £15 per month for part year thereof

£96 per annum for care homes of less than 10 beds or £8 per month for part year thereof

£180 per annum for others or £15 per month for part year thereof

Organisations with more than one care home can join for £180 for the first home and £90 for subsequent homes.

I enclose a cheque for: £..... payable to Essex Independent Care Association.

Please collect £ against my direct debit mandate previously submitted.

I confirm that I wish to receive regular electronic or other updates and information from Essex Independent Care Association and any related but not third party organisations.

Signed Date.....

Name

Please return your completed application form and cheque to:
Essex Independent Care Association
Office 4
251-255 Church Road
Benfleet, Essex SS4 1DQ

Email: office@eica.org.uk
Web: www.eica.org.uk

Tel: 01702 547144 and 01268 565551