

MEMBERSHIP APPLICATION FORM



I/We wish to apply for Membership of Lincolnshire Care Association and agree to abide by the Terms & Conditions/Constitution of the Association.

By joining LinCA you agree to us sending you member information and data relevant and of value to the wider Lincolnshire social care community. Further details about how we use your information can be found in our company privacy policy.

Please use BLOCK CAPITALS

NAME OF ORGANISATION REGISTERED WITH CQC (IF APPLICABLE) :.....

.....

TYPE OF ORGANISATION:.....

NAME OF PROPRIETOR/MANAGER:

ADDRESS:.....

.....

TELEPHONE NO: (Include STD code):.....

E MAIL ADDRESS:.....

ANY ADDITIONAL E MAIL ADDRESSES TO BE INCLUDED ON THE CIRCULATION LIST (I.E. MANAGER, ADMINISTRATOR):

.....

NUMBER OF REGISTERED BEDS (CARE HOME ONLY):.....

SIGNED: DATE:.....

How much does it cost?

Our membership year runs from 1 January - 31 December. If you join part-way through a membership year you will only be charged for the remainder of that year. Membership automatically renews; renewal invoices are sent early January. Prices per annum:

- Prices start at just £5.20 per registered bed, up to 100 beds. Homes/groups with over 100 beds pay £3.50 per registered bed*
- Domiciliary Care Lead Provider - £300.00*
- All other Domiciliary Care Providers, Community Support Services and Extra-Care Housing Care - £200.00*

If you join part-way through a subscription year you will be invoiced pro-rata. Please do not make payment until invoiced

When completed please return this form Lincolnshire Care Association, Greetwell Place, 2 Lime Kiln Way, Greetwell Road, Lincoln, LN2 4US or email to LinCA & CareinLincs helpdesk@linca.org.uk

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Contact permissions:

Under the new GDPR law you will need to 'opt in' to receive LinCA communications.

I am happy to receive communications by email

No thank you, I do not wish to receive communication

*You have the right to withdraw your consent to communications at any time by contacting
susanna.love@linca.org.uk*

For Office Use only

Application/Payment Received:

Website Login/Password Issued: