

2015/16 WSPiC MEMBERSHIP APPLICATION

MEMBER INFORMATION

TITLE (Mr. Ms., Dr. etc):	NAME		
Name of Service/organisation:			
Job Title/Role			
Address of care setting/service/organisation:			
City/Town:	County:	Post Code:	
Telephone No:		Mobile No. (if relevant):	
Primary e-mail address : Any other email addresses appropriate for updates etc.:	(PLEASE PRINT)		

DATA PROTECTION

The information provide on this form will be used in accordance with the legal requirements imposed by the current Data Protection Act.

PAYMENT

I attach a cheque for £..... **made payable to West Sussex Partners in Care**

WSPiC Banking Details: BACS to: West Sussex Partners in Care, Royal Bank of Scotland Sort code: 16 34 39 A/c no. 10054354	Your Organisation's details for BACS transfer: I have transferred the sum of £..... online <input type="radio"/> From <i>(insert organisation's name)</i> <input type="radio"/> Sort code <input type="radio"/> Account No.: <input type="radio"/> Your Reference: <i>(insert service/care home name if different from parent organisation)</i>
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Delete as appropriate if you require a receipt following payment

RETURN ADDRESS DETAILS

Please return this completed form (with cheque) to:

West Sussex Partners in Care
The WSPiC Office, 25 Kings Road, Horsham. West Sussex RH13 5PP