

**Oxfordshire Association of Care Providers**

| **Membership Form** |
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| **We wish to join Oxfordshire Association of Care Providers** |
| Signed | Date |
| By completing and returning this form, I agree that the information contained in this form can be held and maintained by Oxfordshire Association of Care Providers in accordance with the Data Protection Act 1998. |
| Name of Company or Organisation |  |
| Company no. |  |
| Key Contact Name |  | Position |  |
| Telephone No. |  | Fax No. |  |
| Email Address |  |
| Address |  |
| Postcode |  |
| Telephone No. |  | Fax No. |  |
| Name of Proprietor / Chief Officer |  |
| Email Address |  |
| Address (if different to above) |  |
| Postcode |  |
| Telephone No. |  | Fax No. |  |
| Name of nominated representative who may vote on behalf of your organisation at AGMs and participate in the governance of OACP. |  |
| Subscription cost pa |  | £75 (for turnover up to £250,000 |  | £100 for turnover of £250,000 + |
| Membership Subscription payment method |   | Invoice + cheque |   | BACS to60-15-07 / 62326260 |
| ***Please return form to:*** ***info@oacp.org.uk******, or post to*** ***OACP, Stables 4, Howbery Park, Benson Lane, Crowmarsh Gifford, Wallingford OX10 8BA*** |

[www.oacp.org.uk](http://www.oacp.org.uk) @OxonACP info@oacp.org.uk 01491 822604