

**Oxfordshire Association of Care Providers**

| **Membership Form** | | | | | | |
| --- | --- | --- | --- | --- | --- | --- |
| **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 to  60-15-07 / 62326260 |
| ***Please return form to:*** [***info@oacp.org.uk***](mailto: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