



Lancashire Care Association Co. Ltd

Representing Providers of Quality Health and Social Care

LCA MEMBERSHIP APPLICATION 2016/2017

Name of Home: _____

Registered Manager: _____

Registered Provider : _____ Owner: _____
(As registered by CQC)

Group Name : _____ LCA Membership No. _____
(If Applicable)

Type of Service(s): (please tick which apply)

Care Home:

- With Nursing
- Physical Disability
- Sensory Impairment
- Old Age Only
- Learning Disability
- Mental Health
- Dementia (EMI)
- Alcohol Dependency
- Drug Dependency

Type of Ownership: Private Voluntary Local Authority

Address: _____
_____ Post Code _____

Telephone Number: _____ Fax Number: _____

Mobile Number: _____

Email : _____

LCA Membership Fees - £19.45 Per Bed, capped at 60 beds.

If there is more than one business in the group the largest business is charged at the above per bed rate and each additional business is charged a flat £195.00.

Number of Beds: _____ @ £19.45 per bed (capped at 60 beds)

Additional Business: _____ @ £195.00 per business
(Please provide addresses/contact details of each additional business on the attached form)

Total 2016/17 Membership Fee Due: £

LCA membership and benefits apply only to the named home and additional businesses as listed on this form.

LCA's membership fees are based on registered bed numbers and I/we undertake to declare such numbers accurately.

Name : _____ Job Title: _____

Signature: _____ Date: _____

Please complete and return this form with a cheque made payable to Lancashire Care Association.

Tick box if you do not authorise LCA to pass on your information to its main sponsors:

Centurion House, Centurion Way, Leyland, Preston, PR25 3GR

Tel: 01772 455574 ▪ Fax: 01772 458885 ▪ Email: sarah.luton@lancashirecare.org.uk ▪ Website: www.lancashirecare.org.uk
Company Registration No. 04345448 not for profit company limited by guarantee Registered Office Registered in England

ADDITIONAL BUSINESSES

Name of Home: _____

Registered Manager: _____ **Type of Provider:** _____

Address: _____

Post Code: _____

Telephone Number: _____ **Fax Number:** _____

Mobile Number: _____

Email: _____

Number of Beds: _____

Name of Home: _____

Registered Manager: _____ **Type of Provider:** _____

Address: _____

Post Code: _____

Telephone Number: _____ **Fax Number:** _____

Mobile Number: _____

Email: _____

Number of Beds: _____

Name of Home: _____

Registered Manager: _____ **Type of Provider:** _____

Address: _____

Post Code: _____

Telephone Number: _____ **Fax Number:** _____

Mobile Number: _____

Email: _____

Number of Beds: _____

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