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**Community Hospitals Association**

**Membership Application Form 2025**

**Please complete and email to** [**infocommunityhospitals@gmail.com**](mailto:infocommunityhospitals@gmail.com)

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| **Membership Application** | **Please Complete** | |
| **Community Hospital** |  | |
| **Name** |  | |
| **Position** |  | |
| **Name of Organisation** *(if applicable)* |  | |
| **Email** |  | |
| **Tel. No** |  | |
| **Membership for:** | **£** | **Please Tick** |
| **Individual** | **Free!** |  |
| **League of Friends** | **£100** |  |
| **NHS Trust/ Provider Organisation** | **£200** |  |

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| **Payment Options** | **Please Tick** |
| **Bacs** : Community Hospitals Association: Barclays Bank PLC Sort Code: 20-62-53 Account No: 73057348. Please put your name/organisation in reference box |  |
| **Invoice:**  An invoice can be emailed on request, with a purchase order. |  |
| **Contact:**  Name and Details *(if different from above):* | **Date:** |

**Thank you for applying to join the CHA. You will be sent an email in due course.**