

## APPLICATION FORM: ELECTION TO MEMBERSHIP

**Name of Organisation /Company /Provider:**

.....

**Name/ job description of contact(s):**

Contact 1: ..... position.....

Contact 2: ..... position.....

*\*we recommend providing two contacts*

**Contact e-mail:**

Contact 1: ..... Contact 2:.....

**Contact Numbers:**

Contact 1: ..... Contact 2:.....

**Address of Organisation/ Company/ Provider:**

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.....

.....

**Website**

.....

**Fax number:**

.....

**Subscription Category applied for:** *(please tick)*

Category	Turnover	Joining Fee	Annual Subscription	
A	Over £5million	£225	£5,000	<input type="checkbox"/>
B	£1-5million	£175	£2,500	<input type="checkbox"/>
C	£500k - £1million	£125	£1,000	<input type="checkbox"/>
D	£100 - £500k	£75	£500	<input type="checkbox"/>
E	£50k- £100k	£25	£350	<input type="checkbox"/>
F	Under £50k	£15	£175	<input type="checkbox"/>

**Company Registration Number:** *(if applicable)*

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**VAT**

Are you VAT registered?      YES      NO  
     

VAT Registration number *(if applicable)*

.....

**Approx size of Annual Billed Turnover\*:**

.....

**Age of your organisation:**

Under 1 year    1-5 years    5-10 years    over 10 years    over 20 years  
                       

*\*Required to verify correct subscription category.  
 Categories A and B must provide proof of turnover.  
 Please see Terms & Conditions of membership.*

<b>Types of services offered:</b> ..... ..... ..... ..... ..... ..... .....	<b>Total number of staff Employed:</b> .....  <b>Number of Professionally Qualified staff:</b> <ul style="list-style-type: none"> <li>o OH Physicians ..... </li> <li>o OH Advisers ..... </li> <li>o OH Nurses ..... </li> <li>o Occ. Physiotherapists ..... </li> <li>o Technicians ..... </li> </ul> Others (please specify) ..... .....
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**Geographical coverage:** *(Please tick)*

National      
 Large Regional      
 Local provider

*(Describe coverage)* .....     
 .....     
 .....

**Please delete as appropriate**

**I ENCLOSE A CHEQUE / PLEASE INVOICE ME**

I/We hereby apply for Membership of the Commercial Occupational Health Providers Association (a Not for Profit trade association and Company Limited by Guarantee). We agree with the aims as set out in our invitation to join and will agree to be bound by the rules of the Association and business standards regulations, which have been developed democratically by COHPA Members.

We further agree to pay immediately our joining fee and first annual subscription, unless otherwise agreed by the Board of Directors and confirmed in writing subsequent to this application.

<b>Signed, on my company's behalf:</b> .....	<b>Date:</b> .....
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<b>Print Full Name:</b> <i>(block capitals please)</i> ..... .....	<b>PLEASE RETURN TO:</b>  <b>COHPA</b> <b>Belgrade Centre</b> <b>Denington Road</b> <b>Wellingborough</b> <b>Northamptonshire</b> <b>NN8 2QH</b>  Tel: 01933 232 373 Fax: 01933 232 374
<b>Position in company:</b> .....	



**THE COMMERCIAL OCCUPATIONAL HEALTH PROVIDERS ASSOCIATION LIMITED**  
**Application for Membership for company books and Guarantee of £1**

**COMPANY / ORGANISATION:**

I/We apply on behalf of my company / organisation as named below to become a member of The Commercial Occupational Health Providers Association Limited. I/We confirm that there is correct authority demonstrated on this form, according to my / our company / organisation’s constitution, to make this application and agree to the conditions set-out below.

I/ We agree with the aims as set out in our invitation to join and will agree to be bound by the rules of the Association which will be developed democratically by the Founding Members and set out in future application forms for new membership applications.

Jointly with all other members of The Commercial Occupational Health Providers Association Limited I/we undertake to contribute one pound (or less if required) to the assets of The Commercial Occupational Health Providers Association Limited if it should be wound up whilst I am/we are a member, to be used for payment of its debts and liabilities and the costs, charges and expenses of its winding-up. I/We understand that my/our membership is governed by the Memorandum and Articles of Association of The Commercial Occupational Health Providers Association Limited.

I/ We agree to pay all joining fees and annual subscriptions in full, or in instalments if previously approved by the Board of Directors, within the time frame stated upon initial application and subsequently re-subscription documents and according to any invoices sent. I / We understand that upon termination of my / our membership by either the Association or my / our own decision all monies owed to the Association become payable in full immediately and no refund is available for monies already received.

I/ We have read the COHPA ‘Information Management Policy’ document, including the terms and conditions and disclaimer contained within, and I/We agree to the use of any information as set-out in that document.

**SIGNED FIRST AUTHORITY**

Full Name: .....

Position: .....

Address: .....

.....

.....

Signature: ..... Date: .....

**SECOND AUTHORITY** (if required)

Company / Organisation: .....

Full Name: .....

Position: .....

Address: .....

.....

.....

Signature: ..... Date: .....

**PLEASE ATTACH DETAILS OF ANY ADDITIONAL AUTHORITIES**

Please return to: The Commercial Occupational Health Providers Association Ltd  
Belgrade Centre, Denington Road, Wellingborough, NN8 2QH

**PLEASE NOTE:**

- 1. YOU DO NOT NEED TO CONTRIBUTE ONE POUND UNLESS AND UNTIL REQUIRED TO DO SO IN THE FUTURE. PLEASE DO NOT SEND ONE POUND WITH THIS APPLICATION FORM.**
  
- 2. YOU ARE NOT A MEMBER OF THE COMMERCIAL OCCUPATIONAL HEALTH PROVIDERS ASSOCIATION LIMITED UNTIL YOU HAVE SIGNED AND SUBMITTED THIS APPLICATION FORM AND YOU HAVE BEEN NOTIFIED THAT YOUR APPLICATION HAS BEEN ACCEPTED.**

**Membership Approved by:**

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