

MEMBERSHIP APPLICATION FORM

This is our application to become a member of Cels HealthConnect network. HealthConnect is a network that provides a range of premier support activities and services which are all designed to drive best practise and help our members grow and succeed.

For more info visit: www.bewellconnected.co.uk

Contact:	Position:
Organisation:	
Address:	Telephone: Email:
Signature:	Date:

ANNUAL MEMBERSHIP FEES

Type	Employees	Fee (inc. VAT)	Please Tick
Micro Organisation	1 – 5	£172.50	
Small Organisation	6 – 15	£287.50	
Medium Organisation	16 – 250	£460.00	
Large Organisation	Over 250	£690.00	
Associates	n/a	£690.00	
Academic/ Individual	n/a	£57.50	
Student	n/a	£23.00	

PAYMENT OPTIONS

There are two payment options:

a) I enclose a cheque for £ _____

Please make cheques payable to 'Cels' Marking clearly on the back 'HealthConnect Membership' along with your name and company name.

b) Paying by card

I understand that, upon acceptance of this booking, payment will be made from the following card details:

Cardholders Name _____

Card Holders Address (If different from above)

<p>Address:</p> <p>Postcode:</p> <p>Tel:</p>

<p>Card Number: _____</p> <p>Card Expiry Date (Month / Year): ____ / 20____</p> <p>Card Security Code (CSC): ____ (last 3 digits printed on the back of your card)</p> <p>Issue Number or Start Date _____ (For UK Maestro or Solo cards only)</p> <p>Amount of Transaction £ _____</p> <p>Signature of card holder:</p>

**ALL MEMBERSHIP BOOKINGS MUST BE RECEIVED BY POST.
PLEASE POST BACK TO:**

Cels
HealthConnect Membership
Quorum 16
Quorum Business Park
Benton Lane
Newcastle upon Tyne
NE12 8BX

Please visit www.healthconnect.co.uk for terms and conditions.