



National Association of
Licensing and Enforcement Officers

Corporate Membership Application Form 2021-22

APPLICATION FORMS TO Nationalsecretary@naleo.org.uk or post to:			
C/O Mr A Evans 27 Faulkners Way Burgess Hill West Sussex RH15 8SA		NALEO's Bank details are: Account Name: NALEO Account Number: 31287514 Sort Code: 55-81-42 National Westminster Bank 33 Lord Street, Wrexham LL11 1LP	
Band A-	1-6 Voting members [0% VAT] =	£190.00	
Band B-	7-12 Voting Members [0% VAT] =	£285.00	
Band C-	13+ Voting Members [0% VAT] =	£380.00	

Enter the Single Point of Contact [SPOC] Member details-

Job Title			
Surname			
Forenames			
Corporate Authority			
Authority Address			
Authority Town/ City			
Authority County			
Postcode		Work Telephone inc Area Code	
SPOC Email Address			

Enter below name of proposed member (excluding SPOC above) in relevant Band,

Band A 1-6 Voting members	
Job Title	
Surname	
Forenames	
Email Address	

Job Title	
Surname	
Forenames	
Email Address	

Job Title	
Surname	
Forenames	
Email Address	

Job Title	
Surname	
Forenames	
Email Address	

Job Title	
Surname	
Forenames	
Email Address	

Band B- 7-12 Voting Members	
Job Title	
Surname	
Forenames	
Email Address	

Job Title	
Surname	
Forenames	
Email Address	

Job Title	
Surname	
Forenames	
Email Address	

Job Title	
Surname	
Forenames	
Email Address	

Job Title	
Surname	
Forenames	
Email Address	

Job Title	
Surname	
Forenames	
Email Address	

Band C 13+ Voting Members	
Job Title	
Surname	
Forenames	
Email Address	

Job Title	
Surname	
Forenames	
Email Address	

Job Title	
Surname	
Forenames	
Email Address	

Job Title	
Surname	
Forenames	
Email Address	

Job Title	
Surname	
Forenames	
Email Address	

Job Title	
Surname	
Forenames	
Email Address	

Use additional sheets if members exceed available space

Select your method of payment & give the invoicing address

If your authority now mandates supplier or purchase numbers to be quoted please enter them below. If neither is required please state N/A. If this section is blank it will delay processing.	
Council Supplier Number	
Council Purchase Order	

If your authority requires a different address to show on the invoice to allow invoices to be processed and approved for payment please provide those details here. If not required please state N/A. If this section is blank it will delay processing.	
Invoicing Email address	
Finance Contact Officer	
Address Line 1	
Address Line 2	
Postcode	
TEL number	

I certify payment will be by (mark ONE only):			
<input checked="" type="checkbox"/>	Cheque as attached	<input checked="" type="checkbox"/>	Authority Cheque to follow
<input checked="" type="checkbox"/>	BACS Remittance on receipt of a NALEO invoice		
<input checked="" type="checkbox"/>	Cheque on receipt of a NALEO invoice		
Signed		Dated	