

**Corporate Membership Application Form 2023-24**

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| **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-**

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| **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,**

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

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| **Job Title** |  |
| **Surname** |  |
| **Forenames** |  |
| **Email Address** |  |

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| **Job Title** |  |
| **Surname** |  |
| **Forenames** |  |
| **Email Address** |  |

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| **Job Title** |  |
| **Surname** |  |
| **Forenames** |  |
| **Email Address** |  |

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

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| **Job Title** |  |
| **Surname** |  |
| **Forenames** |  |
|  **Email Address** |  |

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| **Job Title** |  |
| **Surname** |  |
| **Forenames** |  |
| **Email Address** |  |

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| **Job Title** |  |
| **Surname** |  |
| **Forenames** |  |
| **Email Address** |  |

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| **Job Title** |  |
| **Surname** |  |
| **Forenames** |  |
| **Email Address** |  |

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

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| **Job Title** |  |
| **Surname** |  |
| **Forenames** |  |
| **Email Address** |  |

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| **Job Title** |  |
| **Surname** |  |
| **Forenames** |  |
| **Email Address** |  |

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| **Job Title** |  |
| **Surname** |  |
| **Forenames** |  |
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| **Job Title** |  |
| **Surname** |  |
| **Forenames** |  |
| **Email Address** |  |

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| **Job Title** |  |
| **Surname** |  |
| **Forenames** |  |
| **Email Address** |  |

**Use additional sheets if members exceed available space**

**Select your method of payment & give the invoicing address**

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| **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**  |  |
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| **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**  |   |

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| **I certify payment will be by (*mark ONE only*):** |
| **X** | **Cheque as attached** | **X** | **Authority Cheque to follow** |
| **X** | **BACS Remittance on receipt of a NALEO invoice** |
| **X** | **Cheque on receipt of a NALEO invoice** |
| **Signed**  |   | **Dated**  |   |

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