

**Corporate Membership Application Form 2023-24**

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| **APPLICATION FORMS TO**  [**Nationalsecretary@naleo.org.uk**](mailto: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** |  |
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| **Job Title** |  |
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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** |  |
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| **Job Title** |  |
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| **Job Title** |  |
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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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