



National Association of Healthcare Fire Officers

MEMBERSHIP APPLICATION FORM

Forename: _____ Surname: _____

Preferred Address for correspondence: _____

Preferred Telephone Number: _____

Present Post/Title: _____

Grade: _____

Work Address: _____

Work Telephone Number: _____

E-mail address: _____

Fax: _____

Previous Relevant Service: _____

i.e.:

Local Authority, Armed Forces: _____

Industrial, Brigade or

Health Services Experience: _____

Please include Length of Service
and Positions Held: _____

I agree to abide by the rules and constitution of the Association: _____ (Please tick)

Name of Branch to which you are to be affiliated to: _____

I enclose a Cheque, P.O. for £30 made payable to (NAHFO) National Association of
Healthcare Fire Officers. This is an Annual Subscription.

Signed: _____ Date: _____

**THIS FORM SHOULD BE SENT TO: Albert Watson 11 Jakeman Court Tingley Wakefield
WF3 1UR T. or jakemanc@hotmail.co.uk or albert.watson@swytnhs.uk**

FOR OFFICIAL USE ONLY:

Date Received: _____ Membership No: _____

Approved/Not Approved Treasurer: _____

Circulated: Membership Secretary: _____ General Secretary: _____

**IF THE MEMBERSHIP SEC IS UNABLE TO APPROVE AN APPLICATION
FOR MEMBERSHIP THE MATTER WILL BE DISCUSSED AT NEC AND
APPROPRIATE BRANCH.**