



# National Association of Healthcare Fire Officers

## MEMBERSHIP APPLICATION FORM

Forename(s):	_____	Surname:	_____	
Home Address:	_____			
Home Telephone Number:	_____			
E-mail address (Home):	_____			
E-mail address (Work):	_____			
Work Address:	_____			
Present Post/Title:	_____	Band/Grade	_____	
Work Telephone Number:	_____			
Preferred contact	Home	Work		
Previous Fire Safety Experience:	_____			
(e.g. Local Authority, Armed Forces, etc.)				
Health Services Experience:	_____			
Length of Service and Positions Held:	_____			
Name of Branch you wish to be affiliated to:				
Anglia	London	Mersey	North East	North West
South West	Scotland	Trent	Wales	Wessex
West Midlands	Yorkshire			
Have you previously been a member of NAHFO?	Yes	No		
If yes give details	_____			
For my application fee and first year membership subscription (2018-19) in the sum of £55:				
I enclose a Cheque made payable to: <b>National Association of Healthcare Fire Officers, (NAHFO)</b>				
I will pay by PayPal				
I will pay by bank transfer				
I agree to abide by the rules and constitution of the Association.	Yes	No		
Date:	_____			

This form should be emailed to: [Membership@nahfo.uk](mailto:Membership@nahfo.uk)

Or sent to:

**NAHFO Membership Secretary, 37 Pasture Avenue, Sherburn in Elmet, North Yorkshire LS25 6LG**

<b>For Official use only:</b>	<b>Membership Approved</b>
Date Received by Membership Secretary: _____	Yes      No
Date Treasurer Informed: _____	
Date Payment Received _____	Date of membership pack issue _____
Date General Secretary Informed: _____	

***IF THE MEMBERSHIP SECRETARY IS UNABLE TO APPROVE AN APPLICATION FOR MEMBERSHIP THE MATTER WILL BE DISCUSSED AT NEC and/or APPROPRIATE BRANCH.***