



# 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 first year membership subscription in the sum of £50:				
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.***