MEMBERSHIP APPLICATION FORM

Title (Mrs/Miss/Ms/Mr/Dr)

Surname

First name(s)

Address

Postcode

Tel no (inc STD code)

Work no Date of Birth

e-mail:

Ethnicity: Bangladeshi ☐ Black African ☐ Black Caribbean ☐
Black Other ☐ Chinese ☐ Indian ☐ Irish ☐ Pakistani ☐
White ☐ Other ☐

Name of present employer

(please tick one)

☐ NHS Trust ☐ General Practice
☐ Nursing Home ☐ Social Services

Other (please specify)

Place of work

Present post

Qualifications

UKCC Pin number

I wish to join the Association and agree to be bound by the Constitution and Rules (please tick boxes which apply to you)

☐ **Full Member**
£119.50 payable in 2 instalments of £59.75 or by DD of £9.96 per month

☐ **HCA/Auxiliary Member**
£74.25 payable in 2 instalments of £37.13 or by DD of £6.19 per month

Main area of work

☐ District Nursing ☐ Paediatrics
☐ Health Visiting ☐ Palliative Care
☐ Practice Nursing ☐ Diabetes
☐ School Nursing ☐ Tissue Viability
☐ Nursing Homes ☐ Continence
☐ Occupational Health ☐ Stoma Care
☐ Management ☐ Treatment Room
☐ Education ☐ Clinical Specialist
☐ Community Psychiatric Nursing ☐ Other

☐ **Affiliate Member**
£59.75 payable in full or by monthly direct debit of £4.98

☐ **Associate Member**
£17.50 payable in full (either a) or b):
a) Date fully retired from Community Nursing
b) Date of Student Nursing Course

From to

Signature Date

PLEASE MAKE CHEQUES PAYABLE TO: CDNA

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DIRECT Debit

INSTRUCTION TO YOUR BANK OR BUILDING SOCIETY TO PAY BY DIRECT DEBIT

Please fill in the whole form using a ball point pen and send to:
CDNA, Walpole House, 18 – 22 Bond Street, Ealing, London W5 5AA

Originator's Identification Number

8 0 0 1 0 2

Reference Number

Name and full postal address of your Bank or Building Society

To: The Manager

Bank/Building Society

Address:

Postcode

Name of Account Holder

Bank/Building Society account number

Branch Sort Code

Instruction to your Bank or Building Society
Please pay CDNA Direct Debits from the account detailed in this instruction subject to the safeguards assured by the Direct Debit Guarantee. I understand that this instruction may remain with CDNA and, if so, details will be passed electronically to my Bank/Building Society

Signature **Date**

FOR CDNA OFFICIAL USE ONLY
This is not part of the instruction to your Bank or Building Society.
The amounts are variable and may be debited on various dates.
I understand that CDNA may change the amounts and dates only after giving me prior notice.
I will inform the Bank/Building Society in writing if I wish to cancel this instruction.
I understand that if any Direct Debit is paid which breaks the terms of this instruction, the Bank/Building Society will make a refund.

Banks and Building Societies may not accept Direct Debit Instructions for some types of account

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