Logo, company name

Description automatically generated

**NAPICU 2023 Membership Form**

**Personal Membership**

|  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Membership No  *(if applicable):* | | |  | | | | | | | |
| Name: | | |  | | | | | | | |
| Address: | | |  | | | | | | | |
|  | | | | | | | | | |
| City: | | |  | | | Postcode: | |  | | |
| Telephone No: | | |  | | | Email: | |  | | |
|  | | | | | | | | | | |
| Please tick to confirm your choice of membership: | | | | | | | | | | |
| 1 Year Personal NAPICU Membership | | | | (1 April 2023 – 31 March 2024) | | | | | £60.00 |  |
| **Invoice details if different from above:** | | | | | | | | | | |
| Name: | | |  | | | | | | | |
| Address: | | |  | | | | | | | |
| Telephone No: | |  | | | Email: | |  | | | |
|  | | | | | | | | | | |

**To pay by credit or debit card please complete this section:** *Please not AMEX is not accepted*

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| 16 digit Card Number: |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| Expiry Date (MM/YYYY): |  | Security Code  (the last 3 digits on reverse) | | |  |  |  |
| Name on card |  |
| Cardholder Signature: |  | | Date: |  | | | |

**Terms & Conditions: It is the ward’s responsibility to ensure payment is made. Please understand that membership benefits will not be released until successful payment is received by the NAPICU Administration office.**

|  |  |  |
| --- | --- | --- |
| **Please “ X “ that you read and understood the above terms & conditions:** | |  |
| **Sign below you have read and understood the above terms & Conditions:** | | |
|  |  | |  |

**Once completed please return to the administration office – details below**