



Community Hospitals Association Membership Application Form

Membership Application	Please Complete
Name	
Community Hospital	
Email	
Tel. No	

Type of Membership	Please Tick Member Type and Provide Name
Individual £25	
Community Hospital £100	
League of Friends/Organisation £100	

Payment Options	Please Tick
Bacs : Community Hospitals Association: Barclays Bank PLC Sort Code: 20-62-53 Account No: 73057348.	
Cheques payable to the Community Hospitals Association	
Purchase order number: CHA Invoice to be emailed to:	
Signature	Date