



# Independent Care Group

*the voice of independent care providers in York and North Yorkshire*

## APPLICATION FOR MEMBERSHIP 2011 - 2012

**Name of care business** (care home/home care agency or other)

**Name of parent company** (if applicable):

**Contact name** (Dr/Mr/Mrs/Miss/Ms):

**Address:**

**Tel No:**

**E-mail address (important):**

**Type of business – please circle:** Nursing/Residential/Older People/Dementia/Adult/LD /Homecare/  
Day Care

**Please tick if you do not wish to be contacted by ICG sponsors**

The following information is *needed* for our internal statistics. It will be kept confidentially:

**No of beds:** **No of hours of homecare a week:**

**No of employess:** **No of home care clients:**

**Membership of ICG runs from April to March and membership fees per annum are as follows:**

**Care homes:** 0-9 beds = £115; 10+ beds = £180; 2 homes or more £180 + £115 for each additional home;

**Home care:** 0-999 hours per week = £115; 1,000 + hours per week = £180; 2 businesses or more = £115 each

**Day Centres and other kinds of care e.g. carers = £95**

**Pay BACS: Independent Care Group: Sort Code 30-93-91 Account No. 01740066**

<b>Signed:</b>	
<b>Date:</b>	

**Please return your completed form to Keren Wilson at [keren.wilson@indcaregroup.plus.com](mailto:keren.wilson@indcaregroup.plus.com)**

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