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**Bereavement Care**

The Lodge, 64 Pinner Road

Harrow, Middlesex HA1 4HZ

Telephone: 020 8427 5720

Email: admin@bereavementcareandsupport.co.uk

www.bereavementcareandsupport.co.uk

**APPLICATION FOR CORPORATE MEMBERSHIP 2024**

NAME OF MEMBER ORGANISATION:

NAME & CONTACT DETAILS OF CORRESPONDENT FOR MEMBER ORGANISATION:

NAME:

ADDRESS:

POSTCODE: TELEPHONE:

E-MAIL ADDRESS:

NAME & CONTACT DETAILS OF NOMINATED REPRESENTATIVE: (if different from above)

NAME:

ADDRESS:

POSTCODE: TELEPHONE:

E-MAIL ADDRESS:

I declare on behalf of (organisation’s name) that we are concerned to further the objects of Bereavement Care and that we agree to follow Bereavement Care’s Codes of Best Practice.

SIGNED: DATE: POSITION:

**CORPORATE MEMBERSHIP FEE FOR 1st January – 31st December 2024**

The Corporate Membership Fee of £200 p.a.\* (January – December) entitles a member to:

* One FREE place on the Initial Bereavement Training Course;
* Reduced fees for additional training, workshops and the Annual Conference;
* The right to vote at any Annual General Meeting (and any Extra-ordinary Meetings);
* An electronic copy\*\* of the Annual Report & Accounts;
* Correspondence sent by e-mail\*\* including newsletters, events and information related to Bereavement Care and its operation.

[\* Smaller organisations may be offered a reduced fee at the discretion of the Trustees]

[\*\* Paper copies of documents may be requested by contacting our office]

Please make payment by Bank Transfer to: **Bereavement Care**

Sort Code: **23-05-80** Account Number: **43231545** Reference: **Corporate Membership**

**YOUR BANK MAY ASK YOU TO DOUBLE-CHECK THESE DETAILS TO ENSURE YOU ARE NOT BEING SCAMMED, AS THESE METRO BANK DETAILS CAN SOMETIMES BE QUERIED IN VERIFICATION**

or by cheque payable to: Bereavement Care

Please 🗹 if your organisation has a Bereavement Visiting Group.