

**Member Application Form**

***Please complete all sections below;***

|  |  |
| --- | --- |
| **Organisation** |  |
| **Contact Name** |  |
| **Address** |  |
| **Email Address** |  |
| **Telephone Number** |  |
| **Date membership to begin** |  |
| **Fee agreed for current year** |  |

**Invoicing – Annual Membership**

|  |  |
| --- | --- |
| **Invoice for membership to be sent to contact above** | **Yes/No** |
| **Purchase Order Number required?** | Yes/No (if yes please provide PO number) |

**Departments**

Please indicate below which departments you require setting up for your organisation

|  |  |
| --- | --- |
| **Department** | **Please indicate** |
| **Corporate Anti-Fraud Team** | Yes/No |
| **Legal Team** | Yes/No |
| **Debt Recovery**  | Yes/No |
| **Other (please specify)** | Yes/No |

**Recharging**

I understand that my organisation will be charged quarterly in arrears for use of NAFN services by all departments (in line with the Schedule of Charges and 3rd Party Charges)

|  |  |
| --- | --- |
| **Please send one invoice for ALL departments (using details above)** |  |
| **Please send a separate invoice for EACH department (complete details below)** |  |

**1.**

|  |  |
| --- | --- |
| **Department** |  |
| **Contact Name** |  |
| **Email address** |  |
| **Telephone**  |  |
| **Postal address** |  |
| **PURCHASE ORDER NUMBER (if required)** | **Yes / No** | **PO Number:** |  |
| **Annual PO or Quarterly (please indicate)** |  |

**2.**

|  |  |
| --- | --- |
| **Department** |  |
| **Contact Name** |  |
| **Email address** |  |
| **Telephone**  |  |
| **Postal address** |  |
| **PURCHASE ORDER NUMBER (if required)** | **Yes / No** | **PO Number:** |  |
| **Annual PO or Quarterly (please indicate)** |  |

**3.**

|  |  |
| --- | --- |
| **Department** |  |
| **Contact Name** |  |
| **Email address** |  |
| **Telephone**  |  |
| **Postal address** |  |
| **PURCHASE ORDER NUMBER (if required)** | **Yes / No** | **PO Number:** |  |
| **Annual PO or Quarterly (please indicate)** |  |

**4.**

|  |  |
| --- | --- |
| **Department** |  |
| **Contact Name** |  |
| **Email address** |  |
| **Telephone**  |  |
| **Postal address** |  |
| **PURCHASE ORDER NUMBER (if required)** | **Yes / No** | **PO Number:** |  |
| **Annual PO or Quarterly (please indicate)** |  |

**5.**

|  |  |
| --- | --- |
| **Department** |  |
| **Contact Name** |  |
| **Email address** |  |
| **Telephone**  |  |
| **Postal address** |  |
| **PURCHASE ORDER NUMBER (if required)** | **Yes / No** | **PO Number:** |  |
| **Annual PO or Quarterly (please indicate)** |  |

Please sign below and return to invoices@nafn.gov.uk

**Signed (Member): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Signed (NAFN): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**