



ORGANISATION MEMBERSHIP POSTAL APPLICATION FORM

MEMBERSHIP FEES (ONE YEAR)

ASSOCIATION	£85
CORPORATE/BUSINESS SMALL	£100 (Up to 30 Employees)
CORPORATE/BUSINESS LARGE	£500 (Over 30 Employees)



*Name of Association/ Business: _____

*Nature of Association/ Business: _____

*Name of contact: _____

*Address: _____

*Post Code: _____

*Telephone Number: _____

IF YOUR ORGANISATION IS AN EX SERVICE ASSOCIATION

IS IT CROSS SERVICE?
YES / NO

IF 'NO' WHAT UNIT OR BRANCH OF
SERVICE IS REPRESENTED?

IS YOUR ORGANISATION LOCAL,
REGIONAL OR NATIONAL?

NUMBER OF MEMBERS _____

WE HAVE ENCLOSED A CHEQUE/POSTAL ORDER FOR THE RELEVANT FEE

£

The Association/Business named above would like to become a registered Organisation Member / Corporate Member of the National Ex Services Association.

By signing this on behalf of the Association/Business named above I honestly declare myself and the Association/Business named as being **supporters** of His or Her Majesty's Armed Forces or Emergency Services UK and their ex personnel.

I understand that our membership and all membership rights will be withdrawn and our Association/Business name may be removed from the official list of members if any information I have provided is known by me to be untrue.

*Signature: _____

* Date: _____

Please return this form to:
MEMBERSHIP, NESA, PO BOX 680, STOCKPORT, SK3 3AB

* mandatory