

For office use only

DATE RECEIVED:	PAYMENT REFERENCE:	MEMBERSHIP NO:	ASST MEMBERSHIP NO:	PUBLICATIONS

APPLICATION FOR MEMBERSHIP

Annual Membership Fee (new member)	£130.00	
Standard Renewal Fee (existing member)	£120.00	
Loyalty Renewal Fee (member continuously for 7 years or more)	£110.00	
Assistant Membership Fee [optional](for additional member at same address)	£30.00	

If this is your first membership and you have previously purchased NICMA policies at £25.00 please supply the receipt number:

IMPORTANT: You must submit proof of your registration, without it we cannot complete the application process.
PLEASE DO NOT SEND US YOUR ORIGINAL CERTIFICATE OF REGISTRATION

Please state the month in which you wish your membership to commence:

Membership runs for 12 months 1st _____ 20____
 (month) (year)

BUSINESS NAME

(if applicable)

YOUR NAME

ADDRESS

POSTAL TOWN

POSTCODE

IS THERE AN ALTERNATIVE BT AREA FROM WHICH
 YOU COULD ALSO CARE FOR CHILDREN FROM?

BT _____

TELEPHONE NUMBER

**MOBILE TELEPHONE
NUMBER**

EMAIL ADDRESS

Please note that by providing us with an email address you are choosing to receive correspondence from NICMA by email and enabling us to provide you with access to the members area of our website.

***NATIONALITY**

**Please note that this information will be used for statistical purposes only*

DO YOU WORK WITH AN ASSISTANT

Yes ☐ No ☐

ASSISTANT NAME

Ensure that he/she is also a NICMA Member and named on a Registration Certificate (see reduced rate above)

PAYMENT OPTIONS**Option 1**

Payment in full at time of application. (this can be done using cash, a cheque, a credit/debit card online using PayPal or over the phone)

Option 2

Payment by instalments using a credit/debit card or postdated cheques.
 (Please call the office for more information on instalment payments)

NB:

A £20 admin fee will be added to the first instalment when choosing Option 2.

Please send me the following publications with my Membership Pack:

☐ **Value Pack (both publications below)**
£15.00 (inc. p&p)

☐ **Cash & Attendance Register**
£14.00 (inc. p&p)

☐ **Accident / Incident Record Book**
£ 5.75 (inc. p&p)

All publications are also available to purchase on the NICMA website:

www.nicma.org

To avail of member's discounted prices make sure you visit the Member's Shop on the website

Card No. _____ / _____ / _____ / _____ **Issue No.** _____

Start Date: ____ / ____ **Expiry Date:** ____ / ____ **Security No.** _____

*If you have already made payment for your membership please **DO NOT** fill in card details above.*

Please indicate if you have already paid for membership either by phone or online.

Paid online:

Date: ____/____/____

Paid by Phone:

Date: ____/____/____

TO PROVIDE YOU WITH A QUALITY SERVICE PLEASE COMPLETE ALL OF THE FOLLOWING:

	Under Compulsory School Age / under 5	Over Compulsory School Age / over 5
Enter the number of children you are registered to care for: <i>(refer to your registration certificate)</i>		
Enter the number of children you are currently minding:		
Enter the number of vacancies you wish to fill: <i>(it will be assumed if vacancy boxes are left blank that you have no vacancies to fill)</i>		
Do you wish to be included on our Childminding Vacancy Database? <i>(if no your name will not be given out to parents by NICMA and your web profile will not be displayed on NICMA's website)</i>	Yes <input type="checkbox"/> No <input type="checkbox"/>	

	Yes	No
Could you/Would you collect children from school/playgroup?		
Do you currently care for a child with a special need/disability?		
If not, would you be interested in offering care for child with a special need/disability?		

	Date Childminder Completed	Date Assistant Completed
Safeguarding Children	____ / ____ / ____	____ / ____ / ____
Health & Safety	____ / ____ / ____	____ / ____ / ____
Paediatric First Aid (12 hours or 6 hours refresher)	____ / ____ / ____	____ / ____ / ____

DECLARATION OF VALIDITY

I declare that the enclosed registration certificate is currently valid and that I have not been issued with any amendment. I will forward any amended certificate to NICMA should the need arise and I will notify NICMA if my registration becomes invalid during my membership year.

Signed: _____ Date: _____ (Childminder)

Signed: _____ Date: _____ (Partner/Assistant)

NICMA reserves the right to refuse any application for membership if the information supplied is found to be inaccurate or the terms of registration are under investigation. NICMA membership is open to all those who agree to abide by the policies of NICMA and not to bring NICMA into disrepute.