


Networking Women in the Fire Service Corporate Affiliate Application Form

Please enter the details of the organisation wishing to affiliate to the NWFS below.

About Your Organisation			
Corporate Affiliate Body Full Name			
Head of organisation			
Total number of employees			
Where did you hear about NWFS?			Renewal?
About Your Payment Details			
Corporate Affiliate Rates:	Scale I , Workforce of 1000 or more staff;	£1000	<input type="checkbox"/>
	Scale II , Workforce of 251 to 999 staff;	£500	<input type="checkbox"/>
	Scale III , Workforce of up to 250 staff;	£250	<input type="checkbox"/>
Payment enclosed	<input type="checkbox"/>	Invoice required	<input type="checkbox"/> ; Other, please specify:
If invoice required insert Purchase Order Reference:			
About Your Nominated Representatives			
We ask you to elect two people as nominated persons to represent you at meetings and to be our point of contact for mailings etc. One should be nominated as the PRIMARY and the other as a SECONDARY point of contact.			
About Your Primary Nomination			
Name	Address		
Job Title/Rank			
Tel. No.			
Fax. No.			
E-mail			
About Your Secondary Nomination			
Name	Address		
Job Title/Rank			
Tel. No.			
Fax. No.			
E-mail			
<i>The NWFS is registered as a Data User with the Data Protection Agency. "Networking Women in the Fire Service is committed to upholding the eight 'Data Protection Principles' of good information handling practice". I understand that the details entered on this form will be stored on a computer database.</i>			
SIGNED		DATE	
		Please return the completed form with remittance to: NWFS (Membership), PO Box 41 Downham Market PE38 9XW	
Office Use Only			
Memb #		Inv #	
Method		Region	
Amended	10/12/09	dB	