**Community of Communities Membership Finance Form**

*This is to be completed to ensure membership with C of C, alongside the Community Information Joining Form. Please email* *cofc@rcpsych.ac.uk* *if you have any queries.*

**Fee Calculator 2024-2025**

**Please be advised that the fees above do not include VAT.**

**All UK members will be charged VAT.**

**If you are an NHS service, please provide a PO.**

|  |
| --- |
| **MINI TC MEMBERSHIP** |
| £850 (+VAT) |
| **DEVELOPMENTAL MEMBERSHIP (1 year only)** |
| £480 (+VAT) |
| **ASSOCIATE MEMBERSHIP (overseas only)** |
| £480 |
| **FULL MEMBERSHIP (residential and day programmes)** |
| **Sector** | **Overseas****Statutory****Independent** | **Voluntary** |
| **Over 20 places** | £3320 per year (+VAT) | £3320 per year (+VAT) |
| **Up to 20 places** | £2650 per year (+VAT) | £2000 per year (+VAT) |
| **ACCREDITATION MEMBERSHIP (residential and day programmes)** |
| **Sector** | **Overseas****Statutory****Independent** | **Voluntary** |
| **Over 20 places** | £3980 per year (+VAT) | £3980 per year (+VAT) |
| **Up to 20 places** | £3320 per year (+VAT)  | £2650 per year (+VAT)  |

*\*If NHS, please provide us with a PO number so we are able to invoice you.*

*This needs to be raised ASAP and with us before 1st April 2024\**

**Invoice Details**

Please fill in for invoicing purposes.

|  |  |
| --- | --- |
| Name of Community:  |  |
| Register manager of Community: |  |
| Company / Trust / Organization:  |  |
| Invoice is for the attention of: |  |
| Address (for the invoice):  |  |
| Contact Number: |  |
| Invoice Contact Email Address:  |  |
| Type of Membership:  |  |
| Cost / Invoice Amount (including VAT) |  |
| Customer Purchase Order (Note: please include the VAT when raising a PO) |  |

**Declaration:**

**I would like to be a member of the Community of Communities.**

**I understand that by signing this form I agree to be invoiced annual unless I inform CofC.**

**I recognise that as a member there are defined responsibilities which my service must fulfil in order to contribute to the on-going success of the network.**

**My contribution will depend on the type of membership I choose.**

**I have read and understood the different types of membership and would like to authorise my service to join the Community of Communities.**

Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signed: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Job title: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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