



# Lancashire Care Association Co. Ltd

Representing Providers of Quality Health and Social Care

## LCA MEMBERSHIP 2019/2020

Name of Agency: \_\_\_\_\_

Group Name: \_\_\_\_\_  
(If Applicable)

Registered Provider: \_\_\_\_\_ Owner: \_\_\_\_\_  
(As registered by CQC)

Registered Manager: \_\_\_\_\_ Type of Provider: DOMICILIARY  
Services Provided: Older People   
Learning Disability   
Physical Disability

Address: \_\_\_\_\_  
\_\_\_\_\_

Post Code: \_\_\_\_\_

Telephone Number: \_\_\_\_\_ Fax Number: \_\_\_\_\_

Mobile Number: \_\_\_\_\_

Email : \_\_\_\_\_ Website : \_\_\_\_\_

**LCA Membership Fees: Small Agency: £330.00 Large Agency: £550.00**

Small and large agencies are defined by CQC registration guidance.

**Small Agency**

Your agency has no more than two full time equivalent members of staff in the office, including the intended registered people, but not including anyone employed as a receptionist. This does not include care staff.

**Large Agency**

Your agency has more than two full time equivalent employees in the office. This does not include care staff. This head count does not include care workers or nurses who are employed – just the office staff should be counted.

**Total 2019/2020 Membership Fee Due: £**

Name :	_____	Job Title:	_____
Signature:	_____	Date:	_____

Please complete and return this form with a cheque made payable to Lancashire Care Association.

Tick box if you do not authorise LCA to pass on your information to its main sponsors: