

**MEMBERSHIP FORM**  
 Please complete all sections of the membership form below.

**Form No:.....**

**CONTACT INFORMATION:**

Contact Name	Email Address:
Position:	Email Address (Company)
Telephone:	Website:
Mobile:	Postal Address:
Fax:	District & County:

**MEMBERSHIP CATEGORY & APPLICATION TYPE:**

New Membership     
  Renew Membership     
  Upgrade Membership

**MEMBERSHIP:** Tick the appropriate

Gold     
  Silver     
  Bronze     
  Standard

**MEMBERSHIP INFORMATION:**

Company Name

Number of Employees

Legal Status     
 Registered     
 Non Registered

**SECTOR/INDUSTRY TYPE:**

<input type="checkbox"/> Agriculture, Agro - Processing, Forestry	<input type="checkbox"/> Equipment and Machinery	<input type="checkbox"/> PR, Media, Publishing, Event Management
<input type="checkbox"/> Legal Consulting	<input type="checkbox"/> Export/Import	<input type="checkbox"/> Real Estates & Property Development
<input type="checkbox"/> Chemical and Botanical Products	<input type="checkbox"/> Finance, Insurance, Banking	<input type="checkbox"/> Telecommunications
<input type="checkbox"/> Computer, IT, Software	<input type="checkbox"/> Foods and Beverages	<input type="checkbox"/> Tourism, Hospitality and Recreation
<input type="checkbox"/> Consultancy	<input type="checkbox"/> Life and Natural Sciences	<input type="checkbox"/> Transportation & Motor Vehicles
<input type="checkbox"/> Construction & Building Materials	<input type="checkbox"/> Logistics, Clearing and Forwarding	<input type="checkbox"/> Utilities
<input type="checkbox"/> Education, Employment & Social	<input type="checkbox"/> Manufacturing	<input type="checkbox"/> Warehousing
<input type="checkbox"/> Electronics & High - Tech Components	<input type="checkbox"/> Mining and Quarrying	<input type="checkbox"/> Wholesale and Retail Trade
<input type="checkbox"/> Energy, Oil, Gas Extraction	<input type="checkbox"/> Non - Profit Organisation	<input type="checkbox"/> Public Administration and Defense
<input type="checkbox"/> Engineering and Architecture	<input type="checkbox"/> Pharmaceutical & Health Care	<input type="checkbox"/> Others (Specify)

We value your feedback

*PAYMENT INFORMATION: Payments can be made by Cash/Cheque/EFT. Please contact the Finance Department, Nichodemus Consult Occupational Safety and Health Administration (NCOSHA) U Ltd, Bakule Building Suite L04, Plot No.1375, Gayaza Road, Kalerwe, P.O.Box 9361, Kampala; Tel: 0392 176 249, MOB: +256 777 828 818, +256 706 181 337, Email: info@ncoshaltd.com, website: [www.ncoshaltd.com](http://www.ncoshaltd.com)*

**ACCRUED BENEFITS**

GOLD MEMBERSHIP (USD 3,000):	SILVER MEMBERSHIP (USD 1,500):	BRONZE MEMBERSHIP (USD 1,000):	STANDARD MEMBERSHIP (USD 700):
1) Access to advice on health and safety issues by telephone or email 2) Use "NCOSHA" as your health and safety advisor on documentation 3) Regular updates on new safety and health legislation 4) Access to fire and first Aid awareness training 5) Health and Safety Policy Updates as required 6) Development of an Internal Health and Safety Management System 7) Six, In House, Health and Safety Training courses a year to be agreed* 8) Training Needs Assessment Annually 9) Six Health and Safety Site Visits a year to be agreed* 10) Annual Safety Audit / Fire Risk Assessment 11) Free invite to all NCOSHA workshops	1) Access to advice on health and safety issues by telephone or email 2) Use "NCOSHA" as your health and safety advisor on documentation 3) Regular updates on new safety and health legislation 4) Health and Safety Policy Update once a year 5) Development of Internal Health and Safety Management System 6) Four, In House, Health and Safety Training Courses a year to be agreed* 7) Four Health and Safety Site Visits a year to be agreed* 8) Annual Safety and Health Audit/ Fire Risk Assessment 9) Free invite to all NCOSHA workshops	1) Access to advice on health and safety issues by telephone or email 2) Use "NCOSHA" as your health and safety advisor on documentation 3) Regular updates on new safety and health legislation 4) Health and Safety Policy Creation/Update once a year 5) Two, In House, Health and Safety Training Courses a year to be agreed* 6) Two Health and Safety Site Visits or Audits a year to be agreed*	1) Access to advice on health and safety issues by telephone or email. 2) Use "NCOSHA" as your health and safety advisor on documentation. 3) Regular updates on new safety and health legislation 4) Health and Safety Policy Update once a year 5) One, In House, Health and Safety Training Courses a year to be agreed* 6) One, Health and Safety Site Visits or Audits a year to be agreed*

We / I ..... Certify that the information and statements made in this application are true, complete and correct to the best of our knowledge and belief. We understand that any misrepresentation or material omission made on this Application Form or other documents requested by NCOSHA renders my Membership nullified

Subscription date:.....

Signature:.....