

We're looking forward to getting to know you.

Internal use only:

Membership Number

Source

Membership application form

Thank you for applying to become a member of NAHS. This application will also provide membership of the British Independent Retailers Association (Bira).

Please complete all sections of this application form in BLOCK CAPITALS and return to NAHS Ltd, PO Box 14177, Tranent, EH34 5WX.

Business details

Business name:..... Trading name (if different):.....

Date established:..... Company Registration No.:.....

Business address:.....

County:..... Postcode:.....

Tel:..... Mobile:..... Fax:.....

Business email:..... Web address:.....

Twitter handle: @..... Facebook page: /.....

Annual turnover (most recent year ex VAT): £..... No. of outlets inc. principle location:.....
(Please provide full details of all branches separately)

No. of employees:..... (including working Proprietors, Partners and Directors)

Company type (tick one): Ltd Partnership LLP Sole Trader Other (please specify):.....

Current providers:

Business insurance:..... Renewal date:.....

Telecoms:..... Electricity:.....

Gas:..... Card payments:.....

Business banking:..... Auto enrolment provider:.....

Your details

Title:..... Forename:..... Surname:..... DOB:.....

Your position:..... Your email:.....

Home details (please include home address of one Proprietor, Partner or Director)

Title:..... Forename:..... Surname:.....

Home Address:.....

County:..... Post Code:.....

Tel:..... Mobile:..... Email:.....

Please send all correspondence to: Business address Home address

Please note we will contact you for additional information as required.



Membership details

To be eligible for retail membership your company must be trading as a retailer from a business rated shop and sign a declaration to this effect (this membership application form constitutes such a declaration), and undertake to comply with the Constitution and Rules of NAHS and Bira, along with the trading Terms & Conditions.

Please tell us your main product type:

Your member benefits

Please indicate below which services are of particular interest to you and your business:

- | | | |
|---|--|---|
| <input type="checkbox"/> Legal protection | <input type="checkbox"/> Auto enrolment pension scheme | <input type="checkbox"/> NAHS industry specific discounts and free offers |
| <input type="checkbox"/> Card processing rates | <input type="checkbox"/> Loans & Savings | <input type="checkbox"/> NAHS social media |
| <input type="checkbox"/> Business banking rates | <input type="checkbox"/> Business insurance | <input type="checkbox"/> NAHS social media campaign |
| <input type="checkbox"/> Buying group | | |

Annual subscription rates - tick one

Your annual turnover	Fee ex VAT	Your annual turnover	Fee ex VAT	
<input type="checkbox"/> Up to £200,000	£205.00	<input type="checkbox"/> £1,000,001 to £3,000,000	£675.00	Please note - Annual turnover may be checked against Companies House records.
<input type="checkbox"/> £200,001 to £500,000	£315.00	<input type="checkbox"/> £3,000,001 to £10,000,000	£813.00	
<input type="checkbox"/> £500,001 to £1,000,000	£505.00	<input type="checkbox"/> Over £10,000,000	£1112.00	

All membership fees are subject to VAT at 20% and all membership periods are for 12 months and run from the first day of the month in which membership commences.

HFI Protocol Declaration

By joining NAHS I agree to abide to the HFI Protocol code of conduct to ensure best practice when advising customers on health issues.

Payment details - tick 1 of 2

1. Standing Order or BACS

For a BACS payment, please use the details below:

Bank: Santander Account Name: National Association of Health Stores Ltd
Sort Code: 09-01-50 Account number: 05463009 Reference: (Your company name)

When paying by Standing Order, please notify your bank that you wish to pay the above amount immediately and then annually until further notice.

2. Cheque - Send cheque payable to 'NAHS Ltd', together with this completed form to: NAHS Ltd, PO Box 14177, Tranent, EH34 5WX. We'll then send you your invoice and arrange your access to the member benefits.

Then send this completed form to: NAHS Ltd, PO Box 14177, Tranent, EH34 5WX. We'll then send you your invoice and arrange your access to the Member Benefits.

NAHS declaration

In applying for membership of the NAHS I undertake to maintain high standards in health food retailing. I understand that the board of the NAHS reserves the right to refuse or terminate my membership if it is found that I am not maintaining my shop to an acceptable standard, or otherwise bringing the health food trade into disrepute.

Bira members' privacy policy

The information provided will be used to administer your membership of Bira and any divisions, subsidiary companies and all third parties (henceforth referred to as "the Group"), manage your access to membership benefits, including those provided by subsidiary companies and all third parties, and provide you with information (by post, fax, email, telephone or SMS) which we believe may be of interest or benefit. Your business name, trading location and contact details may also be included in any listing of members produced by the Group on its websites, in the members' handbook or summary of members issued to Members or Associate Members of the Group. By paying your membership subscription you accept the above.

General Data Protection Regulation (GDPR) 2016

Bira and all subsidiary companies and all divisions comply with the requirements of the General Data Protection Regulation (GDPR) 2016. For information about the data we hold on you or to amend that data, please contact the Membership Subscriptions Team Leader, Bira, 225 Bristol Road, Edgbaston, Birmingham, B5 7UB.

Authorisation The signatory must be a Director/Partner/Owner with suitable authority to sign for or on behalf of the organisation.

Signature

Date/...../.....