## **UK International Healthcare Management Association**

## **Application for Founder Membership**

Organisation name:		Company category (select one option)	
Address:		Full member - large company	
Website:		Full member - small company	
Contact name:		☐ NHS organisation	
Contact name:		Ass	ociate member
Phone number:		Company	rogistration number
Email address:		Company registration number  (company members only)	
Area of activity (please sele	ct all that apply):		
Strategy	Clinical		Medical records
Finance	Specialist clinic	cal outpatient	Hardware
Design and build	Specialists clin	ical inpatient	Software
Financial management	General clinica	l planned	Data analytics
Research	General clinical	l emergency	Training
Health planning	Operations		Facilities management
Management	Medical lab and	d equipment	Advice
Design advice	Procurement		Soft facilities
Staffing	Installation		Information technology
Advice	Maintenance		Maintenance
Financial responsibility	Operations		Life cycle management
	anagement Associati nat there is no joining	on for the pe	o become a founder member of riod 1st November 2015 to 31st ers joining in the foundation year.
Signed:	,		Date:
Print name:			

Please return the signed form to Healthcare UK.

Email: healthcare.uk@ukti.gsi.gov.uk

Post: 1st Floor (Orchard 2) 1 Victoria Street London SW1H OET