

Northwich Against Business Crime

Management Office, Weaver House

35 – 37 Market Way

Northwich

Cheshire

CW9 5AY

Tel: 05603 118556

E-Mail: nabc@btconnect.com



Membership Number	D
<i>Leave blank for NABC use</i>	

APPLICATION FOR MEMBERSHIP

Company/Organisation	Tel:
Address	
Contact Name:	Please provide below email addresses if available
Alternative contact:	
E-mail address:	

Name of person making the application on the company/organisations behalf:

..... Position.....

The functions and working practices of the partnership have been explained to me and I confirm that:-

- my organisation will observe the partnership conditions
- we will receive a membership pack from which to train our staff in the partnership Operating Procedures and Codes of Practice
- we will actively participate in the sharing of information by using the ShopLink radio and submitting Information Reports
- we will ensure that, whenever possible, a member of staff attends the Information Sharing forum that is held on the first Tuesday of every month
- our business premises will display the partnership window sticker and actively participate in the Exclusion Notice scheme
- our membership pack will be kept in a locked cabinet for safe-keeping in a secure area of the premises away from public access

Signed: Date.....

Membership confirmed:

Signed:on behalf of Northwich Against Business Crime

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