



# APPLICATION FOR MEMBERSHIP

NAME OF BUSINESS:	
ADDRESS OF BUSINESS:	
CONTACT NUMBER:	
EMAIL:	
BUSINESS SECTOR	
YOUR NAME:	
YOUR POSITION:	
HEAD OFFICE ADDRESS: (IF APPLICABLE)	
HEAD OFFICE CONTACT: (IF APPLICABLE)	
INVOICE ADDRESS AND TELEPHONE:	

As the representative of the organisation I wish to apply for membership of PABCIS.

Radio (optional extra where applicable):	Yes	No
Signed:	Print Name:	Date:

## For PABCIS Staff only

Application Authorised by		
Signed:	Print Name:	Date:

### Please return to:

PABCIS Hub, Longton Police Station,  
Sutherland Road, Stoke on Trent, ST3 1HH

Telephone Number: **01785 233190**

Website: [www.pabcis.co.uk](http://www.pabcis.co.uk)

Email: [businesscrimepartnership@gmail.com](mailto:businesscrimepartnership@gmail.com)