



SAFER YORK BUSINESS PARTNERSHIP



I confirm that I would like to join Safer York Business Partnership for a **FREE MONTH TRIAL** of the scheme.

Please complete and return this form to: SYBP, c/o Safer York Partnership, City of York Council, FREEPOST RTHH-JASA-JGAH, 2nd Floor, West Offices, York, YO1 6GA.

Or - email it to info@saferyorkbusiness.org. / Alternatively Scan QR Code above.

BUSINESS NAME:

MANAGER COMPLETING:

FULL ADDRESS:

POSTCODE:

LANDLINE:

MOBILE:

E-MAIL:

ALSO, IF APPLICABLE:

HEAD OFFICE :

FULL ADDRESS:

POSTCODE:

TELEPHONE:

E-MAIL:

I WOULD PREFER QUARTERLY BILLING YES/NO (Please delete as appropriate)

SignedDate