



Association of Building Cleaning
Direct Service Providers

APPLICATION FORM

TRAINING PARTNER

NAME AND JOB TITLE:

AUTHORITY:

ADDRESS FOR CORRESPONDENCE/INVOICES/ETC

ADDRESS:

ADDRESS:

ADDRESS:

POST CODE:

TEL:

MOBILE:

FAX No:

E-MAIL ADDRESS:

**PLEASE NOTE THAT YOUR E MAIL ADDRESS IS REQUIRED TO
ENABLE ACCESS TO THE WEB SITE**

PLEASE INDICATE THE TYPES OF TRAINING COURSES THAT YOU
PROVIDE:

I/WE WISH TO APPLY FOR MEMBERSHIP OF THE ABCD

SIGNED:

PRINT:

DATE:

PLEASE RETURN TO:

ABCD P.O.BOX 137, NORTHAMPTON NN3 6AD