



NCASS
NATIONWIDE
CATERERS
ASSOCIATION

Supplier Membership Application

Company Name			Date	
Address				
		Post Code		
Daytime Tel No		Mobile no.		
Fax				
Email		Web site		
Principal contacts				
Desc'n of Activity				
Contacts	Sales		Accounts	
Type of company (Ltd, partnership, sole trader)				
Date business commenced trading				
Membership type (please tick required category)	<input type="checkbox"/> Approved Trailer Manufacturer / Van Converter £450+VAT <input type="checkbox"/> Strategic Partner £400+VAT <input type="checkbox"/> Linked Supplier £50+VAT <input type="checkbox"/> Franchisor £400+VAT			

Subject to the Memorandum and Articles of NCASS, I hereby apply to renew our membership of NCASS. I/ we undertake to contribute an amount not exceeding £1.00 in the event that NCASS is wound up, I understand that this obligation will bind me while I/we are a member of NCASS and for one year after I cease to be a member of NCASS.

Signed		
Name		
Position		
Date		

Your Products and / or Services				