



Registration Application Form

This document is an application form for registration as a member of the Mid Yorkshire Warning, Advice and Reporting Point (MYWARP), operated by the Mid Yorkshire Chamber of Commerce & Industry Ltd (MYCCI). Membership is for a period of twelve months, renewable annually.

For further information please contact:

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Applicant and Contact Details

Name of Organisation:	_____
Address:	_____
	_____ Post Code: _____
Telephone:	_____ FAX: _____
Email Address:	_____
Website Address:	_____

Name of MYWARP Contact:	_____
Address (If not as above):	_____
	_____ Post Code: _____
Telephone:	_____ FAX: _____
MYWARP Email Address:	_____

Organisation Information

S.I.C Code:	_____	Number of Employees:	_____
Main Activities:	_____		
Quality/ Other Standards:	IS 9000-900		<input type="checkbox"/>
	BS 7799:2002 Pt 2		<input type="checkbox"/>
	I.I.P		<input type="checkbox"/>
Others:	_____		

Agreement

The information provided above is, to the best of my knowledge, accurate. I have read and accept the "MYWARP Service Agreement for a Filtered Service" and the "Information Security Policy for the MYWARP Service". I am authorised to sign on behalf of the above named organisation, and to confirm that the rules and procedures of MYWARP will be observed. I understand that MYWARP is a not-for-profit operation, but that an annual subscription will be payable.

Signature:	_____	Date:	_____
Name:	_____	Position:	_____