

## Expression of Interest for Membership



Please fill in the below form with your information if you are  
Interested in joining the NISCC Participation Partnership Group



Your name

.....



Your address

.....  
.....  
.....  
.....

Your phone number

.....



Your email address

.....

Use this space to tell us about your skills, experience and qualities that you could use to help the Participation Group



Thank you, please return the form to: Brenda Horgan

Post



NISCC, 7th floor Millennium House,  
19-25 Great Victoria Street,  
Belfast BT2 7AQ

Email



[Brenda.horgan@niscc.hscni.net](mailto:Brenda.horgan@niscc.hscni.net)



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