**Application for Affiliated Branch Membership** - Version 2.4

**Branch Details:** This information will be used to promote your branch on the AWGB website and during AWGB activities.

|  |  |
| --- | --- |
| Branch Name |  |
| Location of meetings |  |
| Time and frequency of meetings |  |
| Club Website |  |

**Secretary Details:**

|  |  |
| --- | --- |
| Secretary Name |  |
| Secretary Address |  |
| Secretary email address |  |
| Secretary tel / mobile number |  |
| AWGB membership number |  |

**Other Branch Officer Details:**

|  |  |  |  |
| --- | --- | --- | --- |
|  Name of Chair |  | AWGB Membership No |  |
|  Name of Treasurer |  | AWGB Membership No |  |

**Insurance Details: (The AWGB will automatically arrange Public Liability Cover).**

|  |  |
| --- | --- |
| Do you require “all risks” cover for your equipment? Yes/NoIF yes, the Insurance Officer will contact you to discuss your requirements |  |

**Branch Membership Details:**

|  |  |  |  |
| --- | --- | --- | --- |
| How many members are there at present in your group?  |  | Are they all AWGB members? IF “no” please ask each person tocomplete an application |  |

**Data Protection:** The information you provide on this form will be used solely for dealing with you as a club. By signing this form you are giving consent for the AWGB to publish the contact details given above on the internet or in print and to use your data as described in our privacy policy which can be found at www.awgb.co.uk/privacy-policy. Your data will be used and stored in accordance with this policy

On behalf of this group I apply for affiliation to the Association of Woodturners of Great Britain (AWGB). The rules pertaining to branches will be honoured.

Signed: Position in Branch Date

Please return this copy of the form with the list of people who are already members of the AWGB together with the application forms and a cheque made out to the AWGB for those members who have not yet joined the AWGB to the Membership Secretary (see address below)