Please complete the following form if you wish to be included in the lists of Members who accept Commissions, and/or give Tuition and Demonstrations.

**Data protection:** This form must be completed before your details can be published on the web site. Your details will be kept on record all the time that you remain a member or until you tell us to change or delete them.

The Signing (including electronically) of this form confirms that you agree.

**Personal Details -** Please complete this section for all options:

|  |  |
| --- | --- |
| First Name & Surname: |  |
| Address: |  |
| County: |  |
| Postcode: |  |
| Telephone No.: |  |
| Email address: |  |
| Website address: |  |
| AWGB membership No.: |  |

**TUITION -** Please complete this section if you provide tuition.

*(NB we can only publish this information if you have up to date Public Liability Insurance).*

|  |  |
| --- | --- |
| What type of course do you offer:  Basic, Intermediate, Advanced  or Other (please specify) |  |
| What is the typical cost per day? | £ |
| How many lathes do you have for these courses? |  |
| What is the maximum number of students you can take at one time? |  |
| How much Public Liability cover do you hold? | £ Million |

**DEMONSTRATIONS -** Please complete this section if you give demonstrations.

*(NB we can only publish this information if you have up to date Public Liability Insurance).*

|  |  |
| --- | --- |
| What type of demonstrations that you give? |  |

|  |  |
| --- | --- |
| Typical cost of a day’s demonstration: | £ |
| Cost of travelling (pence per mile or flat rate): | £ |
| How Far are you prepared to travel? (day/evening)? |  |
| Do you give evening demonstrations? |  |
| Typical cost of evening demonstration: | £ |
| Do you offer a discount to AWGB  branches and clubs?  If yes, please state amount/percentage: |  |
| How much Public Liability cover do you hold? | £ Million |

#### **Commissions** - Please complete this section if you accept commissions

|  |  |
| --- | --- |
| Type of Work: | Yes / No |
| Artistic/Creative: | Yes / No |
| Architectural: | Yes / No |
| Domestic: | Yes / No |

|  |  |
| --- | --- |
| Do you have a speciality? (please specify) |  |

I consent for the AWGB to publish the information I have supplied on the Internet or in print.

**Signed:** … … … … … … … … … … … …  **Date:** … … … … … … …

**Please return this form with a copy of your**

**Public Liability Insurance certificate to the to the Data Manager**

[datamanager@awgb.co.uk](mailto:datamanager@awgb.co.uk)