

**CLUB REGISTRATION FORM 2020**

**Declaration of Club Membership 2020**

We, the undersigned, declare that the membership of this club is as follows:

**Name of Club ……………………………………………………..….CC/PC/PS**

**No: of Members as at 31 December 2019**

*Including Honorary and Life members*

**Signed: …………………………………………. Name : ……………………………………………. Position : ………………………………….**

**Signed: …………………………………………. Name : ……………………………………………. Position : ………………………………….**

**FEES**

|  |  |  |  |
| --- | --- | --- | --- |
|  | **Fee** | **Paid by** | **Cost to Club** |
| **PAGB Club Registration Fee** | £38.00 | WPF | £ 00.00 |
| **WPF Capitation Fee** | No: of members x £7.00 | Club | £ |
|  |  |  |  |
| **TOTAL AMOUNT DUE** | | | **£** |

**Trustee Liability Insurance**

The type of cover has been withdrawn by all insurance providers from 2020. The PAGB is investigating the provision of a replacement policy but these talks are at an early stage.

**Public Liability Insurance 2020 (inc IPT)**

From 31 January 2020, the WPF can no longer be the conduit for the payment of Club insurance policies. The PAGB will still look to negotiate insurance cover with a preferred broker (currently Darwin Clayton), which will be reviewed for the best value. We will however provide you with PAGB preferred Broker contact details and maintain any changes in your contact details to the Broker so that no communication issues prevent you from acquiring the necessary cover. It will be your responsibility to arrange the cover.

Please complete this form and return it, **with your cheque**, made payable to **The Welsh** **Photographic Federation** to

**Dave Condon**

**Hon. Treasurer**

**The Welsh Photographic Federation**

**22 Rodney Street**

**Swansea**

**SA1 3UA**

**No later than 11th January 2020**

Insurance Declaration

|  |
| --- |
| We, the undersigned officers of …………………………………………….CC/PC/PS hereby declare that the said club/society has a valid Public Liability Insurance and declare that we accept full responsibility for our insurance cover with ………………………………………. Insurance company.  A copy of the 2020/2021 PLI document is attached/enclosed/to be forwarded when available  **Signed** ………………………………… **Chairperson/President** …………………………………………. **Secretary** |