



ASSOCIATION OF PROFESSIONAL WINDOW CLEANERS MEMBERSHIP APPLICATION FORM

Thank you for your interest in becoming a member of the APWC. We would kindly ask you to complete as many questions as possible in the following application form. The information you provide us with could result in future clients employing your services via our search databases.

Please read the following before completing the application form.

Membership requirements

Please be advised, in order to be accepted as a member of the APWC, you will be required to meet the following criteria.

- 1) You must provide three valid references. One reference must be from a business professional.
- 2) You must have valid Public and Employers Liability insurance (where applicable). If you currently do not have the appropriate insurance the APWC will supply you with a list of recommended insurers. The policy must be in place before membership is accepted.
- 3) To work within the guidelines of the APWC Health & Safety Policy.
- 4) To uphold the APWC Rules & Bye-laws.
- 5) To carry your official APWC ID card at all times whilst working

Membership fees

The APWC has adopted a rolling membership programme. All membership fees are payable in advance on an annual basis i.e. if you join the APWC in October 2007, your membership will be up for renewal in October 2008.

Fees

Sole Trader no employees £ 95.00. May be paid by 3 equal instalments of £35 or by monthly Standing Order payments of £10.00

1 - 5 Employees £ 150.00

6 - 10 Employees £ 200.00

Over 10 employees £ 250.00

Documentation

Please be advised, when you forward this application form to the APWC, you must provide documentation to prove you have insurance and also to support any training/ accreditation that you have highlighted in this application form.

If you are not currently insured please contact the APWC and you will be given details of several insurance companies that can provide this coverage for you.

No application will be processed until all documentation has been received.

Payments

Payment must be sent with you application form and documents: this must include the appropriate fee or completed Standing Order form (where applicable). Payment may be made by cheque or postal order, please do not send cash. Alternatively, you may also pay by credit card, please phone for further information.

Benefits

The following benefits are only available to the applicant named on this application form. However, they can be supplied to all members of your staff for an additional fee.

- 1) ID Card
- 2) Certificate
- 3) Accident Insurance
- 4) Vehicle Sticker (one)

APWC APPLICATION FORM

Personal Details

Title: Mr / Mrs / Miss/ Other	Surname:
Christian Name:	Middle Initial:
D.O.B:	
Address:	
Post Code:	Telephone:
Fax:	Mobile:

Business Details

Name:	
Address:	
Post Code:	Telephone:
Fax:	Mobile:
E-mail:	WWW:

Please tick the appropriate boxes that apply to you and your business

Business Status

Sole Trader	Partnership	Ltd Company	PLC	
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Number of Employees – (excluding yourself)

0	1 – 5	6 – 10	10+
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Insurance Details

No Cover at Present	Public Liability	Employers Liability
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What Sectors do you cover?

Domestic	Commercial	Both
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What type of work do you carry out?

Traditional	Water Fed Pole	Rope Access
Cradle	MEWP	Other

Training and professional qualifications from within the industry

If you have attended any training courses or are qualified in any of the areas listed below, please tick the appropriate boxes. Please be advised, you will be required to supply a copy of certificates / qualifications before these details will be added to your profile.

IRATA	IPAF	NEBOSH
PASMA	NVQ / SVQ	BICS
First Aid	Fire Marshall	Risk Assessment
Health & Safety	Safety Trainer	Manual Handling
BWCA	Other	

If you are a member of any other trade body, please tick the appropriate box and also include a copy of your membership certificate.

BICS	FSB	FWC
IWCA	SafeContractor	Trust Mark
NCCA	ISO	IPAF
Clear Choice	Other	

References

Please be advised, as part of the membership criteria, you are requested to supply the contact details for three references. One of these references must be supplied by a professional.

Reference 1:

Name:	
Address:	
Post Code:	Telephone:

Reference 2:

Name:	
Address	
Post Code:	Telephone:

Reference 3:

Name:	
Address:	
Post Code:	Telephone:

TERMS AND CONDITIONS

1) I hereby apply for Membership of the Association of Professional Window Cleaners (APWC):

2) I agree:-

- to accept the terms and conditions of the Memorandum and Articles of Association of APWC together with its Bye Laws (these documents are on the APWC web site)

and undertake to pay such annual subscription as shall from time to time be fixed by the APWC Executive.

- to abide by the membership criteria applicable.
- that my application is subject to approval by the Executive Committee of the APWC.
- that my subscription will be based on employment numbers.

3) All information supplied in this application is true and relates to me and my business

5) You must agree to work under the APWC Health & Safety Policy or add the elements of this policy into your own business/ companies Health & Safety Policy.

Signature of Applicant: -

Date of Application: -

For Official Use Only

Date Received		References Checked	
Insurance checked		Training checked	
Accreditations checked		Membership No	
Start Date		Membership pack	

Signature _____

Date _____

ASSOCIATION OF PROFESSIONAL WINDOW CLEANERS
Orbital House, 85 Croydon Road, Caterham, Surrey, CR3 6PD
Tel 01883 334489

MONTHLY STANDING ORDER MANDATE

To.....Your Bank/Building Society
Postal Address.....
.....
.....Post Code.....

Please pay:

Barclays Bank PLC
Croydon 1 North End

For The Credit Of:

Association of Professional Window Cleaners
Sort Code 20-24-61
Account Number 53497909

Quoting reference.....
Please insert the reference we gave you so that we can easily identify your payment on our statement
and allocate your payment against your account.

Initial payment of: £..... Amount in words.....
To commence onof month.....of year.....
And thereafter
The amount of £.....Amount in words.....
On the of each month until further notice in writing from me.
And debit my account accordingly.

Account To Be Debited.....

Account Number:

Sort Code:

Signature.....Date.....
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Print Name.....