

MEMBERSHIP RENEWAL FORM 2009/2010



Please complete **ALL SECTIONS** legibly in **BLOCK CAPITALS**



Section 1 - Club Details

Club Name: _____	Charity Number: _____
Club Address: _____	
Postcode: _____	Tel No: _____ Fax No: _____
Club Email: _____	Website: _____

Section 2 - Contact Details

N.B. Please tick the relevant boxes to indicate the name and address of the person to which all regular club correspondence should be sent. **If no name and/or address is ticked, all correspondence will be sent to the club leader at the club address.**

Name	Full Home Postal Address and Post Code	Contact Numbers
Chairperson	Postcode	Tel: _____
Title First Name Surname		Mobile: _____
Mail Correspondent <input type="checkbox"/>		Fax: _____
		Email: _____
Club Leader	Postcode	Tel: _____
Title First Name Surname		Mobile: _____
Mail Correspondent <input type="checkbox"/>		Fax: _____
		Email: _____
Secretary	Postcode	Tel: _____
Title First Name Surname		Mobile: _____
Mail Correspondent <input type="checkbox"/>		Fax: _____
		Email: _____
Treasurer	Postcode	Tel: _____
Title First Name Surname		Mobile: _____
Mail Correspondent <input type="checkbox"/>		Fax: _____
		Email: _____

Would you like future invoices to be sent directly to the treasurer?

Yes / No

Please also give one young person's contact details plus up to 3 other people (e.g. committee members, coaches, junior section who wish to receive updates.

Name	Position	Email Address
1.	Young Person Representative	
2.		
3.		
4.		

Section 3 - Membership Information

7 - 10 yrs		11 - 12 yrs		13 - 16 yrs		17 - 19 yrs		20 yrs +		Total			
M	F	M	F	M	F	M	F	M	F	M	F		
Please give a breakdown with regard to black/minority ethnic and disabled/special needs representation													
		7 - 10 yrs		11 - 12 yrs		13 - 16 yrs		17 - 19 yrs		20 yrs +		Total	
		M	F	M	F	M	F	M	F	M	F	M	F
Black/minority ethnic													
Disabled/Special Needs													

Section 4 - Staff

Staff	Full time Paid		Part Time Paid		Voluntary		Management Cttee	
	M	F	M	F	M	F	M	F
Number of Staff								

Section 5 - Club Opening Hours

Day	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
Opening Times (e.g. 7-9 pm)							
Section e.g. Junior or Senior							

Section 6 - Policy Details (Information on policy and legislative requirements)

Is your club a member of, or connected to, any other larger organisation? If yes, please give details _____	Yes / No
Do you have a child protection policy?	Yes / No
Which organisation do you use for your CRB checks? _____	
Do you have a health and safety policy?	Yes / No
Do you have a fire risk assessment?	Yes / No
Do you have a qualified first aider? If no, how many people will require training this year? _____	Yes / No
Do you have an established complaints procedure?	Yes / No
Do you have an equal opportunities policy?	Yes / No
Do you have a recruitment policy for volunteers and paid staff?	Yes / No
Do you have your electrical equipment Portable Appliance Tested (PAT)	Yes / No

**Do not worry if you don't have all the policies listed,
as LACYP can provide copies and templates for your club use**

Section 7 - Insurance

Condition of membership is that you must have public liability of at least £5million.

Please confirm that you have such £5million public liability insurance

Yes / No

If you require details of other insurance services e.g. trustee indemnity, building, minibus or personal accident cover, then let us know

Yes / No

Section 8 - Activities your club offers

If you wish us to include details of specific activities you offer, then please give us details which we will indicate on our website 'Club page'

Section 9 - Requirement from LACYP

Please list any activities, training, or other services you would like us to provide for your club during the next year.

Section 10 - Data Protection

If you do not wish to have your club details included in our Annual Report or Club Directory, then please tick this box

Section 11 - Club Declaration

I declare to the best of my knowledge that the information provided above is correct.

Signature of Authorised Person: _____

Print Name: _____

Office Use Only - Constituent Organisation Ratification

I confirm that this club meets the Conditions of Affiliation of the National Association of Clubs for Young People. Lancashire Association of Clubs for Young People's Board of Trustees recommends:

Full Membership

or

Activity Membership

Checklist

Please check that you have:

- | | |
|---|--------------------------|
| | ✓ |
| 1. Completed all parts of the form | <input type="checkbox"/> |
| 2. Enclosed cheque made payable to 'LACYP' for £75
(This covers both Lancashire and the National membership fees) | <input type="checkbox"/> |
| 3. Indicated which person will be the club correspondent, i.e. the person who will ensure that everyone has access to information and the address to which correspondence should be sent. | <input type="checkbox"/> |
| 4. Listed the names of members who wish to receive our e-zine | <input type="checkbox"/> |
| 5. Completed your insurance details | <input type="checkbox"/> |

Please return with your cheque to:

Lancashire Association of Clubs for Young People

South Place, 1 Meeting House Lane, Lancaster LA1 1TQ

lacyp@lacyp.org.uk / www.lacyp.org.uk

**Deadline for return of form is
WEDNESDAY 1ST APRIL 2009**