

Federation of Window Cleaners

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Formed in 1947 FWC is the Professional Federation for Window Cleaners

MEMBERSHIP APPLICATION FORM

Updated 21/06/07

SURNAME _____ MR/MRS/MISS _____ FIRST NAMES _____
TRADING AS _____ YEAR ESTABLISHED _____
STATUS IN COMPANY _____ DATE OF BIRTH: _____
BUSINESS ADDRESS _____
POSTCODE: _____ TELEPHONE No. _____ FAX: _____
MOBILE No. _____ WEBSITE ADDRESS: _____
E MAIL ADDRESS _____
PRIVATE ADDRESS: _____

1. **PRESENT INSURANCES: ARE YOU COVERED FOR LIABILITY INSURANCE?** _____ YES OR NO
A) TO AVOID DELAY - It is essential you provide proof of your current insurance when applying for membership, otherwise this could delay your application:-
B) ALTERNATIVELY: If you do not already have Liability Insurance, Allied Insurance Services Limited can assist members with Public & Employers Liability insurance on: 01942 234093
C) _____
2. **HAVE YOU ATTENDED AN IOSH CERTIFICATED HEALTH & SAFETY COURSE?** YES / NO
If yes, please supply a copy of your certificate. If No, we ask that you attend an IOSH course within 12 months of joining
- 3a. **HAVE YOU BEEN CONVICTED OR CHARGED (BUT NOT YET TRIED) OR BEEN GIVEN AN OFFICIAL POLICE CAUTION** in respect of any criminal offence (IF YES PLEASE PROVIDE DETAILS BELOW) YES / NO
- 3b. _____
4. **NUMBER OF EMPLOYEES: FULL TIME** _____ **PART TIME** _____
B) If any employees are under 18, supply age and any training they have received use a separate sheet if necessary.
5. **HAVE EMPLOYEES RECEIVED ADEQUATE HEALTH & SAFETY TRAINING?** YES / NO
(Under management of health & safety at work regulations 1992)
6. **IF FIVE (5) OR MORE EMPLOYEES - ARE HEALTH & SAFETY DOCUMENTS IN PLACE?** YES / NO
7. **PLEASE SUPPLY A COPY OF YOUR LICENCE** (applies to Scottish Members only)
8. **WHERE DID YOU HEAR OF THE FEDERATION?** _____
please provide either a name /membership No. Magazine / Website Etc. where you obtained our contact.
9. **NUMBER OF YEARS EXPERIENCE IN THE WINDOW CLEANING INDUSTRY?** _____
10. **WORK UNDERTAKEN:** WINDOWS / WATER- POLES / OFFICE / CARPET & UPHOLSTERY / FLOORS / ABSEILING /CRADLES /OTHER
11. **LIST ANY QUALIFICATIONS & TRAINING** _____
12. **REFERENCES: PLEASE INCLUDE A WRITTEN BUSINESS/CHARACTER REFERENCE WITH YOUR APPLICATION** (either from another member, an established customer, or a professional person, accountant etc Not family members)

Customer Authorisation Form

Mr/Mrs/Miss*CardholdName _____ Initials _____

StreetName & Number _____

Town _____ County _____ Post Code _____

I authorise you to debit my Credit/Debit card account for an amount of £ _____

Card No _____ Valid from _____ Expiry Date _____

SwitchIssue Number _____ Security Code Number : We will contact you for this if required

Maestro, Visa, MasterCard, Access
(Please indicate which card)

I prefer that you call me for my card details

Please make cheques payable to F.W.C

Signature _____ Date _____

SCALE OF FEES - 2008/09

Membership Subscriptions are based on the number of Employees you have plus an Initial Registration Fee as set out below:

	MEMBERSHIP	INITIAL FEE	TOTAL AMOUNT PAYABLE
Self Employed - Sole Trader	£ 92.50	+ £10.00	= £102.50
Employer with 1 - 6 Employees	£102.50	+ £10.00	= £112.50
Employer with 7 - 12 Employees	£112.50	+ £10.00	= £122.50
Employer with 13 - 25 Employees	£129.50	+ £10.00	= £139.50
Employer with 26 - 50 Employees	£145.50	+ £10.00	= £155.50
Employer with 51 - 100 Employees	£189.50	+ £10.00	= £199.50
Employer with 101 - Employees & over	£236.50	+ £10.00	= £246.50

THESE RATES ARE VALID UNTIL JUNE 2010

FOR OFFICE USE ONLY (W/site)

MEMBERSHIP NO: _____ CHEQUE NO : _____

CASH /CHQ AMOUNT : _____ CARD VISA / ACCESS / SWITCH / MASTER

WE ARE A REGISTERED EMPLOYERS TRADE ASSOCIATION AND REGULARLY CONSULT WITH THE HEALTH & SAFETY EXECUTIVE AND OTHER LEADING BODIES FOR THE BENEFIT OF THE CLEANING INDUSTRY.

CONDITIONS OF ENTRY

ALL APPLICANTS SHOULD BE REGISTERED SELF-EMPLOYED

ALL DIRECTORS, PARTNERS OR PERSONS HAVING AN INTEREST IN THE BUSINESS SHALL JOIN SEPARATELY AND MUST BE INSURED FOR BOTH PUBLIC & EMPLOYERS LIABILITY WHERE APPLICABLE. NOTE: EMPLOYEES(with exception of limited Co, Directors), ARE NOT ELIGIBLE.

NOTE SHOULD MEMBERSHIP OF THE FEDERATION OF WINDOW CLEANERS BE LAPSED AS A CONSEQUENCE OF ARREARS. WE MUST ADVISE THAT TO REJOIN AGAIN AT A LATER DATE WILL INCUR A £25.00 ADMINISTRATION CHARGE.

The information supplied on this form will be held on a computer database under the Data Protection Act 1984.

RULEBOOKS, SAFETY GUIDE, INFORMATION REGARDING HEALTH & SAFETY AND EQUIPMENT ARE AVAILABLE ON REQUEST.

SIGNATURE: _____

DATE: _____

WE PRACTICE AN EQUAL OPPORTUNITIES POLICY.

PLEASE ENSURE THAT ALL QUESTIONS ON THE REVERSE ARE ANSWERED BEFORE SIGNING THIS DOCUMENT.ACCEPTANCE IS DETERMINED ON THE APPLICANT FULFILLING ALL THE REQUIREMENTS FOR SUBMISSION TO A QUARTERLY MANAGEMENT MEETING.