



88 Giles Street, Edinburgh. EH6 6BZ
Tel: 0131 555 1729 Fax: 0131 555 5921
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AFFILIATION RENEWAL – YEAR 1ST JANUARY TO 31ST DECEMBER
This form to be completed and RETURNED TO THE ABOVE ADDRESS

CLUB NAME

Circulars and correspondence will be sent to the person named below

Name.....

Address.....

.....Postcode.....

Telephone No.Mobile.....

Email

Name of Child Protection Officer

IF THIS PERSON HAS CHANGED SINCE LAST YEAR PLEASE COMPLETE PA1 ON REVERSE

I declare that the above named club is run in accordance with the aims of CYP Scotland, and hereby apply for renewal of membership.

Vetting arrangements for all Leaders/Volunteers are in place and actioned.

Signature of Club Leader Date

Cheques to be made payable to CYP SCOTLAND £ :
.....





88 Giles Street
Edinburgh EH6 6BX
Te: 0131 555 1729
disclosures@cypscotland.com

This form must be signed by the person responsible within the Club for all recruitment procedures regarding new Adults/Voluntary Leaders.

The signature below will be used as a sample and verified each time a Disclosure is requested.

If this person changes for any reason, this office must be notified and a sample signature of the new person must be forwarded to Laurence Weir, before further Disclosures can be requested.

Note:

Forms are electronically scanned therefore all specimen signatures must be kept within the confines of the box provided

I am the person within this club responsible for all recruitment procedures.

Specimen Signature

Red rectangular box for specimen signature

Date

Print Name

Address

..... Postcode

Position in Club

Name of Club

Contact Telephone Number