



# THE EAST ANGLIAN FEDERATION OF PHOTOGRAPHIC SOCIETIES

**D PAGB**

## PAGB Awards for Photographic Merit – Eligibility Form

### To the Applicant

In order to establish your eligibility to apply for a PAGB Award please ask the President/Chairman/Secretary/Treasurer of your club to complete this questionnaire on your behalf. You should both then sign and date the declaration at the end. The completed questionnaire should be returned **with a 6x9" SAE (A5 size) envelope** to the EAF Awards Secretary.

**Vic Hainsworth ARPS DPAGB APAGB, 5 Magazine Farm Way, Lexden, Colchester, Essex, CO3 4ER**

**NOTE: the EAF recommends that in order to understand the standard of work needed to achieve an award you will have:**

- submitted work for the EAF exhibition
- attended EAF events
- attended the PAGB Inter-Club PDI or Print competition
- attended a PAGB Award adjudication as a spectator

Name of Applicant:	<input type="text"/>	Distinctions:	<input type="text"/>
Address:	<input type="text"/>		
Post Code:	<input type="text"/>	Telephone:	<input type="text"/>
		eMail:	<input type="text"/>
Club Society:	<input type="text"/>		

### To the Club President/Chairman/Secretary/Treasurer

The person named above wishes to apply for a PAGB Award of Photographic Merit at the level of **D DISTINCTION** and in order to satisfy the current PAGB criteria must be an active Member of your club/society.

**Please answer the following questions accurately and complete the declaration at the end.**

- 1) Is the applicant a full member of your club, having paid the subscription for the current club year?  
YES: ☐ NO: ☐
- 2) **Has the applicant supported your club in any or all of the following ways?**
- |   |                               |                              |
|---|-------------------------------|------------------------------|
| a) Attended more than half of the club's meetings during the last 36 months?  | YES: <input type="checkbox"/> | NO: <input type="checkbox"/> |
| b) Entered more than half of the internal competitions during last 36 months? | YES: <input type="checkbox"/> | NO: <input type="checkbox"/> |
| c) Made work available for the club to use in external competitions?          | YES: <input type="checkbox"/> | NO: <input type="checkbox"/> |
| d) Supported your club at external competitions and battles?                  | YES: <input type="checkbox"/> | NO: <input type="checkbox"/> |
- Tick as appropriate
- I agree to the use of my Personal Information in connection with the APM Adjudication. ☐

**Declaration** (to be signed by both the applicant and the supporting club official)

**We confirm that the information given above is correct.**

Name of club official:	<input type="text"/>	
Position of club official:	<input type="text"/>	
Signature of official:	<input type="text"/>	Date signed: <input type="text"/>
Signature of applicant:	<input type="text"/>	Date signed: <input type="text"/>