



MEMBERSHIP FORM 1st September 2019 – 31st August 2020

Complete in ink, in BLOCK CAPITALS and give / send with appropriate fee to Club Treasurer (Colin Watts, 2 Mallowhayes Close, Ipswich, IP2 9SJ) or hand to any committee member.

Make cheques payable to "BTTC" or "Britannia Table Tennis Club"

Title ___ **Forename(s)** _____ **Surname** _____

Address _____

Postcode _____ **Date of Birth** _____

Table Tennis England membership / licence number if known _____

(Every BTTC member is directly responsible for TTE affiliation, or they will NOT be eligible to play in league fixtures or tournaments)

Tel _____ **Mobile** _____ **Email** _____

£ **Types of Membership (League)**

60 **Adult**

45 **Junior (under 18 yrs on 1/9/19) or Student in full time education**

tbc **Club Coach (reduced or free subject to committee approval)**

20 **League Fee (in addition to the above)**

£ **Types of Membership (Social – no league fee required)**

60 **Adult**

45 **Junior (under 18 yrs on 1/9/19) or Student in full time education**

20 **Student (vacation only)**

45 **OAP (over 65 yrs on 1/9/10)**

10 **Veteran (morning / afternoon sessions only)**

1 **Junior coaching sessions**

___ **Fee Due**

___ **League Fee if applicable**

___ **Total due**

Do you consent to your name and images appearing online or in the press for table tennis publicity purposes? This covers the Club, IDTTL, TTE and any competitions you enter. Y or N _____

I have read and agree to abide by the rules and codes of Britannia Table Tennis Club, which are on the Club website and noticeboard. I understand the club stores membership data on computer, and passes on non-specific information to TTE for statistical purposes. We comply fully with GDPR - for more details see our Privacy Policy on this page: <http://www.britanniatabletennisclub.co.uk/codes-procedures.html>

Signed _____ **Date** _____

Nationality

English ____ Northern Irish ____ Scottish ____ Welsh ____ Isle of Man ____
Guernsey ____ Jersey ____ Other _____ (please specify)

Disability

Do you consider yourself to have a disability? _____

If "Yes", which of these apply?

Visual Impairment? ____ Hearing Impairment? ____

Physical Disability? ____ Learning Disability? ____

Multiple Disability? ____

If you would prefer not to state your Nationality or Disability please leave blank or state "Do Not Use" below

Medical Information – this will be treated CONFIDENTIALLY at all times

Please detail any medical information relevant to your participation in club activities

Medical Condition _____

Emergency Contact Name _____ Tel _____

Doctor's Name _____ Tel _____

Can You Help?

We are always looking for volunteers to help within the Club. Please indicate which, if any, of the following you would be interested in:

Coaching ____ Practice Partner ____ Competition Organiser ____

Fund Raising ____ Administration ____ Press & Publicity ____

Social Activities ____ Website ____ First Aid ____ Refreshments ____

Transport ____ Facility Maintenance ____ Sponsorship ____

Other (please specify) _____