

Contact: **The Membership Team** T: 01908 208863 E: help@tabletennisengland.co.uk  
Bradwell Road, Loughton Lodge, Milton Keynes, Bucks, MK8 9LA



**Valid from 1<sup>st</sup> August 2019 until 31<sup>st</sup> July 2020**

<b>Licence/member No:</b> .....
<b>Surname:</b> .....

PLAYER MEMBER/  
PLAYER  
LICENCE/ASSOCIATE  
MEMBER FORM

Title: Mr / Ms / Mrs / Miss / Other      Gender: M / F

Surname: .....

First Name: .....

Address: .....

Postcode: ..... Date of Birth: .....

Mobile: ..... Home Tel: .....

Business Tel: .....

E-mail: .....

County of affiliation: .....

**MEMBER INFORMATION**

Primary League (this league has your proxy voting rights) .....

Club: .....

Additional Leagues/Clubs .....

**ELIGIBILITY PLEASE COMPLETE**

Do you have British Citizenship? YES / NO

Please state your nationality: .....

Are you a member of another National TT Association? YES / NO

Have you represented another National TT Association in the last 3 years? YES / NO

**Forms must be completed for ALL membership categories:**

- Player Member- to play in local leagues, county competitions, ELCC, regional champs, NJL and NCL.
- Player Licence- to play in National Championships, Grand Prix, British League, 2\* and above.
- Associate member- for those NOT playing in the above competitions.

- If you belong to a PremierClub and are not a Player Member you must be an Associate member- this is free but you must register to be covered by insurance.

- All officers and officials of Table Tennis England plus holders of Table Tennis England coaching, umpiring, or tournament organising qualifications will automatically become Associate Members without paying a fee or completing a form, unless they are also a player member.

**MEMBERSHIP OPTIONS**

- |   |  |   |
|---|--|---|
| <input type="checkbox"/> Associate member<br>Free of Charge | <input type="checkbox"/> Player Member<br>Junior £8.00 | <input type="checkbox"/> Player Member<br>Senior £16.00 |
|---|--|---|

**PLAYER LICENCE**

- |  |   |   |
|--|---|---|
| <input type="checkbox"/> Cadet- £19.00 | <input type="checkbox"/> Junior- £19.00 | <input type="checkbox"/> Senior- £38.00 |
|--|---|---|

**TO PAY FOR YOUR MEMBERSHIP, PLEASE SEE PAYMENT OPTIONS ON REVERSE.**

Contact: The Membership Team T: 01908 208863 E: help@tabletennisengland.co.uk  
 Bradwell Road, Loughton Lodge, Milton Keynes, Bucks, MK8 9LA



Please debit my MasterCard/ Visa for £ .....

Card No: .....

Cardholder: .....

Valid from ..... Expiry Date: .....

Issue No: .....

Security No (last 3 digits from back of card): .....

OR Cheque enclosed  Please make Cheques payable to 'Table Tennis England'

Date received: .....

NB. If you prefer not to write your details on this form please call 01908 208863.

If you feel able to complete this section it will greatly help Table Tennis England in the reporting it is required to make to Government agencies. THIS IS OPTIONAL.

**ETHNICITY**

With which of the following ethnic groups do you most closely identify?

Current data:			
White- British	<input type="checkbox"/>	Mixed- White and Black- Caribbean	<input type="checkbox"/>
White- Irish	<input type="checkbox"/>	Mixed- White and Black- African	<input type="checkbox"/>
White- Any other *	<input type="checkbox"/>	Mixed- White and Asian	<input type="checkbox"/>
Asian or Asian British- Indian	<input type="checkbox"/>	Mixed- Any other*	<input type="checkbox"/>
Asian or Asian British- Pakistani	<input type="checkbox"/>	Black or Black British- Caribbean	<input type="checkbox"/>
Asian or Asian British- Bangladeshi	<input type="checkbox"/>	Black or Black British- African	<input type="checkbox"/>
Asian or Asian British- Any other *	<input type="checkbox"/>	Black or Black British- Any other *	<input type="checkbox"/>
Chinese	<input type="checkbox"/>	Other * <input type="checkbox"/>	
*please specify 'other':	<input type="checkbox"/>		

**DISABILITY**

Do you consider yourself to have a disability? YES / NO

If 'YES' in which of the following groups do you most closely identify?

Visual Impairment	<input type="checkbox"/>	Physical Disability	<input type="checkbox"/>
Hearing Impairment	<input type="checkbox"/>	Learning Disability	<input type="checkbox"/>
Other (Please Specify)	<input type="checkbox"/>	Multiple disability	<input type="checkbox"/>

**COMMUNICATION OPT-IN**

Please tick the box to sign up to our mailing list to receive news, information and relevant offers from Table Tennis England and our commercial partners. Whilst our emails may contain adverts for third party products, rest assured we'll never share your information with third party advertisers. You will have the opportunity to unsubscribe at any time. For more information about how we process your personal data visit <https://tabletennisengland.co.uk/home/website-privacy-policy/> to read our privacy policy.

**DATA PROTECTION**

The information you provide in this form will be used solely for dealing with you as a member of Table Tennis England. Table Tennis England has a Data Privacy Policy which can be found at <https://tabletennisengland.co.uk/home/website-privacy-policy/>. Your data will be stored and used in accordance with this Policy.