



## MEMBERSHIP FORM 1<sup>st</sup> September 2021 – 31<sup>st</sup> August 2022

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 1/9/21) 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 1/9/21) or Student in full time education
- 20 Student (vacation only)
- 45 OAP (over 65 yrs on 1/9/21)
- 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 the club website.

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) \_\_\_\_\_