



MEMBERSHIP FORM 1st September 2023 – 31st August 2024

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

Payment can be made by Bank Transfer – Britannia Table Tennis Club, Co-op Bank, Sort Code 08-92-99, Account 67235724. You MUST include your full name so payment can be tracked, email Colin if needed.

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 1/9/23) or Student in full time education
- tbc Club Coach (reduced or free subject to committee approval)
- 20 Adult League Fee (in addition to the above)
- 10 Junior League Fee (in addition to the above)

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

- 60 Adult
- 45 Junior (under 18 yrs on 1/9/23) or Student in full time education
- 20 Student (vacation only)
- 45 OAP (over 65 yrs on 1/9/23)
- 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) _____