



MEMBERSHIP FORM 1st September 2020 – 31st August 2021

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 _____

Because of the unavailability of the Dome for 4 months during lockdown, full Members from last season are entitled to claim a reduction in this year's fees of a third: Adult (£20), Junior (£15) & OAP (£15)

£ Types of Membership (League)

60 Adult

45 Junior (under 18 yrs on 1/9/20) or Student in full time education

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

20 League Fee (in addition to the above) *** PLEASE OMIT THIS UNTIL LEAGUES ARE CONFIRMED ***

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

60 Adult

45 Junior (under 18 yrs on 1/9/20) or Student in full time education

20 Student (vacation only)

45 OAP (over 65 yrs on 1/9/20)

10 Veteran (morning / afternoon sessions only)

1 Junior coaching sessions

____ Fee Due (less the Covid reduction if this applies to you)

____ 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) _____