



PLAYER MEMBER/  
PLAYER LICENCE/  
ASSOCIATE MEMBER  
FORM

Valid from 1st August 2014 until 31st July 2015

Licence/Member No: .....  
Surname: .....

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 & 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.

- 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**

Associate Member £4.00 <input type="checkbox"/>	Player Member Junior/Cadets £5.00 <input type="checkbox"/> (born in '97 or later)	Player Member Senior £10.00 <input type="checkbox"/> (born in '96 or before)
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**PLAYER LICENCE** (including Player Member)

Cadet £16.00 <input type="checkbox"/> (born in '00 or later)	Junior £16.00 <input type="checkbox"/> (born in '97, '98, & '99)	Senior £32.00 <input type="checkbox"/> (born in '96 or before)
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**TO PAY FOR YOUR MEMBERSHIP, PLEASE SEE PAYMENT OPTIONS ON REVERSE.**

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:.....

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  
 Do you wish to state your Ethnicity/Disability YES/NO

**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':		

**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):	Multiple Disability <input type="checkbox"/>

**DATA PROTECTION STATEMENT**

Members' data is solely used for the purposes of market research by our key funding partners.

All data provided will be held in accordance with the published Table Tennis England Data Protection Policy. This strictly limits the passing on of Member's details.

You may however wish for your data never to be passed on - if so tick here

**SIGNATURES**

By signing here you confirm all of the preceeding information has been provided accurately to the best of your knowledge and you agree to abide by all Table Tennis England rules and regulations.

Signature.....  
 Printed Name:.....Date:.....

**MINORS (UNDER 18)**

I hold legal responsibility for the member aged under 18 on the application

Name of minor:.....  
 Parent/Guardian Signature:.....  
 Printed Name:.....Date:.....