Valid from 1st August 2015 until 31st July 2016

			England
Title: Mr / Ms / Mrs / Miss ,	Other Gender: M/F		PLAYER MEMBER/ PLAYER LICENCE/
			ASSOCIATE
First Name:			MEMBER FORM
Address:			
County of affiliation			
MEMBER INFORMATION			
Primary League (this leag	ue has your proxy voting rig	hts):	
Additional Leagues/Club	s:		
ELIGIBILITY PLEASE COM	PLETE		
Do you have British Citize		YES/NO	
·	·		
•	other National TT Association		
•		on in the last 3 years? YES/NO	
, ,		,	
Forms must be complete	d for ALL membership categ	ories:	
• Player Member - to pl	ay in local leagues, county o	competitions, ELCC, regional ch	amps, NJL & NCL
		os, Grand Prix, British League, 2*	and above
Associate Member - fe	or those NOT playing in the o	above competitions.	
	erClub and are not a Player er to be covered by insuranc	Member you must be an Associ ce	iate Member - this
- All officers and officials	s of Table Tennis Enaland i	olus holders of Table Tennis En	aland coachina,
		vill automatically become Ass	-
		y are also a Player Member.	
AAFAADEDSIUD ODTIONS			
MEMBERSHIP OPTIONS			
☐ Associate Member	☐ Player Member	☐ Player Member	
Free of charge	Junior £5.00 (born in '98 or after)	Senior £10.00 (born in '97 or before)	
		(DOITHI 77 OF Defote)	
PLAYER LICENCE (includi	ng Player Member)		
□ Cadet	☐ Junior	☐ Senior	
£16.00	£16.00	£32.00	
(born in '01 or later)	(born in '98, '99 & '00)	(born in '97 or before)	

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

Please debit my Mastercard/Visa for £			
Card No:			
Cardholder:			
Valid From:lssue No:			
Security No (last 3 digits from back of card):			
OR Cheque enclosed Please make cheques p			
·			
NB. If you prefer not to write your details on this fo	orm	please call 01908 208898	
If you feel able to complete this section it will gre			quired
to make to Governement agencies. THIS IS OPTIC	JNA	L.	
With which of the following ethnic groups do you	mo	st closely identify?	
Current Data:			
White - British		Mixed - White and Black - Caribbean	
White - Irish		Mixed - White and Black - African	
White -Any other*		Mlxed - White and Asian	
Asian or Asian British - Indian		Mixed Any other*	
Asian or Asian British - Pakistani		Black or Black British - Caribbean	
Asian or Asian British - Bangladeshi		Black or Black British - African	
Asian or Asian British - Any other*		Black or Black British - Any other*	
Chinese		Other*	
*Please specify 'other':			
DISABILITY Do you consider yourself to have a disability? If 'YES' in which of the following groups do you m	ost (YES, closely identify?	/NO
Visual Impairment		Physical Disability	
Hearing Impairment		Learning Disability	
Other (please specify):		Multiple Disability	
DATA PROTECTION STATEMENT Members' data is solely used for the purposes of	mar	ket research by our key funding partners.	
All data provided will be held in accordance wit Policy. This strictly limits the passing on of Member			n
You may however wish for your data never to be	pas	ssed on - if so tick here	
SIGNATURES By signing here you confirm all of the preceding ir your knowledge and you agree to abide by all To			of
Signature Printed Name:	•••••	Date:	
MINORS (UNDER 18) I hold legal responsibility for the member aged un	ndei	^r 18 on the application	