



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:.....  
 NB. If you prefer not to write your details on this form please call 01908 208898

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.

**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 preceding 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:.....