

DECLARATION

I have read and agree to abide by the rules of the Club which can be found at www.cippenhamttc.co.uk.

Data Protection

The information you provide in this form will be used solely for dealing with you as a member of Cippenham Table Tennis Club.

The Club has a Data Privacy Policy which can be found at www.cippenhamttc.co.uk. Your data will be stored in accordance with this policy.

I agree to the information given on this form being held on the Club's membership database.

Signed Date

For under-16s this form must be signed by a parent/guardian/carer.

Please hand/send signed form with fee(s) to:

Mr. G. Trimming, Rosemount, Juniper Lane, Wooburn Green, Bucks, HP10 0DE

REMITTANCE ADVICE

Fees 1 and 2 are reduced from 1 December 2019 – payable at 10% of the stated fee for each complete or part month that remains until 31 August 2020.

1	Annual Membership	£ .	£18 (full-time students and over 60s: £9)
2	Family Membership	£ .	£30 family (see Family Membership panel)
3	Maidenhead League	£ .	£18 (full-time students and over-60s: £9)
4	Senior British League	£ .	£38 registration fee for the season
5	Women's British League	£ .	£38 registration fee for the season
6	Veterans' British League	£ .	£38 registration fee for the season
	Total	£ .	

Cippenham Table Tennis Club

Members of:

Senior British League
Women's British League
Veterans' British League
Junior British League
National Junior League
National Cadet League
Maidenhead & District Association



www.cippenhamttc.co.uk

Venue:

Cippenham Table Tennis Centre, The Westgate School, Cippenham Lane, Slough, SL1 5AH

Membership Secretary:

Graham Trimming, Rosemount, Juniper Lane, Wooburn Green, Bucks, HP10 0DE
Tel: 01628 529609
Email: graham.trimming@cippenhamttc.co.uk

MEMBERSHIP APPLICATION FORM 2019-20

The membership year runs from 1 September 2019 to 31 August 2020

PERSONAL INFORMATION

Family name:		Forename:
Title:	Table Tennis England No:	Date of Birth:
Address: County: Postcode:		Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female
		Home Tel:
		Mobile Tel:
Email (please print clearly!):		
Emergency contact details <i>(for use in medical emergencies only):</i>		

QUALIFICATION SURVEY

Do you hold a table tennis qualification? (if yes, tick all that apply and indicate level)				
Coach	<input type="checkbox"/>	Level:	Interested?	Yes <input type="checkbox"/>
Referee	<input type="checkbox"/>	Level:	Interested?	Yes <input type="checkbox"/>
Umpire (including junior umpire)	<input type="checkbox"/>	Level:	Interested?	Yes <input type="checkbox"/>
Tournament Organizer	<input type="checkbox"/>	Level:	Interested?	Yes <input type="checkbox"/>
Table Tennis Development Officer	<input type="checkbox"/>	Level:	Interested?	Yes <input type="checkbox"/>
Table Tennis Networker	<input type="checkbox"/>		Interested?	Yes <input type="checkbox"/>
Other (please specify):				
Are you qualified in first aid?			Yes <input type="checkbox"/>	No <input type="checkbox"/>

FAMILY MEMBERSHIP

Any number of related persons residing at the same address may apply for membership under the Club's Family Membership Scheme. This costs £30 for the year and is reduced from 1 December 2019 onwards (see "Remittance Advice" for details).

The principal member (who will receive correspondence from the Club) should be listed in the main panel on the previous page and all other members of the family listed below.

1	Title:	Family name:	Forename:	Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female
	DOB:	Email:	Mobile Tel:	ETTA Member No:
2	Title:	Family name:	Forename:	Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female
	DOB:	Email:	Mobile Tel:	ETTA Member No:
3	Title:	Family name:	Forename:	Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female
	DOB:	Email:	Mobile Tel:	ETTA Member No:
4	Title:	Family name:	Forename:	Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female
	DOB:	Email:	Mobile Tel:	ETTA Member No:
5	Title:	Family name:	Forename:	Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female
	DOB:	Email:	Mobile Tel:	ETTA Member No:

COULD YOU ASSIST THE CLUB?

Please tick any areas you could assist in. Support and training will be provided.		
Coaching <input type="checkbox"/>	Weekend duty officer <input type="checkbox"/>	Cleaning <input type="checkbox"/>
Organizing junior teams <input type="checkbox"/>	Weekend set-up (Fridays) <input type="checkbox"/>	Building maintenance <input type="checkbox"/>
Organising competitions <input type="checkbox"/>	Umpiring at events <input type="checkbox"/>	Equip't maintenance <input type="checkbox"/>
Organising social events <input type="checkbox"/>	Administration <input type="checkbox"/>	
Do you have any other skills that the Club may use?		