



ETTA ANNUAL MEMBERSHIP PLAYER LICENCE/PLAYER MEMBER/ASSOCIATE MEMBER FORM

Valid from 1st August 2013 until 31st July 2014

Licence/Member No: _____

Surname: _____

Title: Mr/Ms/Mrs/Miss/Other

Gender: Male/Female

Surname: _____

First Name: _____

Date of Birth: _____

Address: _____

Postcode: _____ Mobile: _____

Home Tel: _____ Business Tel: _____

E-mail: _____

County of affiliation: _____

MEMBER INFORMATION (if applicable)

Local League (Main): _____

League Club or PremierClub (Main): _____

All other Local Leagues and Clubs which you play for: _____

ELIGIBILITY

Do you have British Citizenship? YES/NO

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:

- Associate Member** - For anyone not playing competitive table tennis.
All members of PremierClubs and Directly Affiliated Clubs must be an Associate Member as a minimum.
NB. All officers and officials of the ETTA and its affiliated organisations plus holders of ETTA Coaching, Umpiring, Refereeing or Tournament Organising qualifications will automatically become Associate Members without paying a fee or completing a form unless also a Player Member.
- Player Member** - For anyone who plays in Local League or County competitions, English Leagues Cup Competition, County Championships, Cadet and Junior National League, Qualifying events for National Championships, 1* Open Tournaments
- Player Licence** - National Championships, Grand Prix, British League, 2* and above Open Tournaments.

MEMBERSHIP OPTIONS

Associate Member £4.00

PLAYER MEMBER

Cadet/Junior (born in '96 or later) £4.00 Senior (born in '95 or before) £8.00

PLAYER LICENCE (including Player Member)

Cadet (born in '99 or later) £15.00 Junior (born in '96, '97, & '98) £15.00 Senior (born in '95 or before) £30.00

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
Date Recieved: _____

If you feel able to complete this section it will greatly help the ETTA 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?

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"/>
Multiple Disability	<input type="checkbox"/>	Other*	<input type="checkbox"/>

*Please specify 'other': _____

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 ETTA 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

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: _____