| For office use:  | Club Membership No   | Date Paid                       | Amount £                | Т                     | ГЕ No                            |
|--|--|---------------------------------|-------------------------|-----------------------|----------------------------------|
| Portsmouth Table Tennis Club: Membership Application Form 2019/20  |  |                                 |                         |                       |                                  |
| Type of Membersh   | ip sought (a) student/junior/oap                                     | (b) adult 18 & over             | (c) family              | (d) leag              | gue player                       |
| Title (Mr/Mrs/Miss   | ) First Name:  | La                              | st Name:                |                       |                                  |
| Address:   |  |                                 | P                       | ost Code: .           |                                  |
| •  | nale):Date of Birth:   |                                 |                         |                       |                                  |
| -  | attendingMobile Tel I  |                                 |                         | -                     |                                  |
|  | Condition  |                                 |                         |                       |                                  |
|  |  |                                 |                         |                       |                                  |
| Contact person   |  |                                 |                         |                       |                                  |
| Signed :   |  | Da                              | te :                    |                       |                                  |
|  | der 18 this form should also be s                                    | , , ,                           | •                       |                       |                                  |
| I understand that my son/daughter/child in my care is required to abide by the Club's rules and regulations of TTE, and that in the event of an accident all reasonable steps will be taken to use the emergency contacts. |  |                                 |                         |                       |                                  |
|  | * permission for the administration                                  |                                 | _                       |                       |                                  |
| I give/do not give ty material, press  | k permission for my son/daughter/c<br>releases & on the club website | hild in my care to appear       | in photographs taken du | ıring club a          | ctivities, used in club publici- |
| The Data Protection  | n reference above applies also to                                    | those persons under 18          |                         |                       |                                  |
| Ciara de   |  | Deter                           | Danash/Coandian/        | C *                   |                                  |
| Signed:  |  | Date                            | Parenty Guardiany       | Carer                 |                                  |
|  |  |                                 |                         |                       |                                  |
|  |  |                                 |                         |                       |                                  |
| Annual Club  | Membership Fees -  | incorporating 8                 | & P&DTTA Fee            | S                     |                                  |
| РТ   | PTTC   |                                 |                         | Tick as<br>applicable |                                  |
| (a)  | Students at school or college or un                                  | iversity, oap's, and unemp      | ployed persons          | £15.00                |                                  |
| (b)  | Adults   |                                 |                         | £20.00                |                                  |
| (c)  | Family members living at the same                                    | address (in total)              | ,                       | £25.00                |                                  |
| P  | &DTTA  |                                 |                         |                       |                                  |
| Lea  | gue players only - Team Affiliation                                  | า                               |                         | £8.00                 |                                  |
|  |  |                                 | Total Payable           |                       |                                  |
|  | ing in Leagues additional to<br>e state which Leagues apply          |                                 | •                       |                       |                                  |
| Please make of to the Duty Of  | cheques payable to "Portsmo  | outh Table Tennis Cl<br>nk you. | ub". Return comple      | ted Forn              | n to                             |
|  |  |                                 |                         |                       |                                  |
|  |  |                                 |                         |                       |                                  |
|  |  |                                 |                         |                       |                                  |
|  |  |                                 |                         |                       |                                  |
|  |  |                                 |                         |                       |                                  |