**GROUP/CLUB AFFILIATION SEASON 2018-2019**

**BENEFITS OF MEMBERSHIP**

£5million Public Liability Insurance

Protecting Vulnerable Groups Scheme Disclosure Checks for key club personnel

Table Tennis Scotland Policies & Procedures

Additional voting rights at Table Tennis Scotland Annual General Meeting

Affiliation to TTS provides opportunities to apply for grants, funding and local authority club development schemes

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| --- | --- | --- | --- | --- | --- |
| **Group/Club Name:** | |  | | | |
| **SECRETARY** | | | | | |
| **Forename:** |  | | | **Surname:** |  |
| **Address:** |  | | | | |
| **Town/City** |  | | | **Post Code:** |  |
| **Email Address:** |  | | | | |
| **Phone: Home:** |  | | | **Mobile:** |  |
| **TREASURER** | | | | | |
| **Forename:** |  | | | **Surname:** |  |
| **Address:** |  | | | | |
| **Town/City** |  | | | **Post Code:** |  |
| **Email Address:** |  | | | | |
| **Phone: Home:** |  | | | **Mobile:** |  |
| **CHAIRMAN** | | | | | |
| **Forename:** |  | | | **Surname:** |  |
| **Address:** |  | | | | |
| **Town/City** |  | | | **Post Code:** |  |
| **Email Address:** |  | | | | |
| **Phone: Home:** |  | | | **Mobile:** |  |
| **CLUB WELFARE OFFICER (If club has one)** | | | | | |
| **Forename:** |  | | | **Surname:** |  |
| **Address:** |  | | | | |
| **Town/City** |  | | | **Post Code:** |  |
| **Email Address:** |  | | | | |
| **Phone: Home:** |  | | | **Mobile:** |  |
| **CLUB WEBSITE (if applicable)** | | |  | | |

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| --- | --- | --- | --- | --- | --- |
| Please tick the appropriate box below for the payment option that you wish to use. Payment can be either by cheque made payable to ‘Table Tennis Scotland’ or by BACS/On-line transfer to sort code: 83-21-08 account number: 00255725. If paying by BACS/On-line transfer please use your club/group name in the payment reference and indicate on the form. | | | | | |
| **CLUB/GROUP FEE** | **£30.00** | **Cheque** |  | **BACS/On-line** |  |

I acknowledge having read, understood and accepted all relevant Table Tennis Scotland policies, procedures and Byelaws and agree to adhere to these throughout my membership. **COPIES OF RELEVANT DOCUMENTS ARE AVAILABLE FROM THE TABLE TENNIS SCOTLAND WEBSITE.**

## Signature\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Date\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Completed forms should be returned either by post to Table Tennis Scotland, Caledonia House, 1 Redheughs Rigg, South Gyle, Edinburgh, EH12 9DQ. Or by email to** [**Cynthia.robinson@tabletennisscotland.co.uk**](mailto:Cynthia.robinson@tabletennisscotland.co.uk)