**INDIVIDUAL AFFILIATION SEASON 2018-2019**

**BENEFITS OF MEMBERSHIP**

£5,000,000 Civil Liability Insurance

Participation in Table Tennis Scotland sanctioned Events

National rankings

Table Tennis Scotland Policies & Procedures

Vote at Table Tennis Scotland Annual General Meeting

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| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| PERSONAL INFORMATION | | | | | | | | | | |
| Forename: |  | | | | Surname: | |  | | | |
| Address: |  | | | | | | | | | |
| Town/City |  | | | | Post Code: | |  | | | |
| Date of Birth: |  | | Player category: | |  | | | | | |
| Email Address: |  | | | | | | | | | |
| Table Tennis Scotland will use your email address to communicate with you about specific membership and development opportunities. Please tick this box if you do not wish to be contacted in this way. Email addresses will not be used for any other purposes. | | | | | | | | | |  |
| Phone (Home): |  | | | | Mobile: | |  | | | |
| Club/Team: |  | | | | League: | |  | | | |
| If you are registered disabled or consider yourself to have a disability please indicate by ticking this box. Please also select the relevant category of disability below. All information provided will be held securely and will only be used for equity monitoring purposes. | | | | | | | | |  | |
| Physical (Wheelchair user) | | Physical (Ambulant) | | Sensory (Hearing) | | Sensory (Visual) | | Learning | | |

**To meet the requirements of the Data Protection Act please notify TTS of any changes in your personal details as quickly as possible.**

|  |  |  |
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| Please tick the appropriate box below for the affiliation option that you require. 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 name in the payment reference and indicate on the form. | | |
| SENIOR PLAYER | £22.00 |  |
| JUNIOR/CADET/MINOR PLAYER | £11.00 |  |
| STUDENT PLAYER – All Ages | £11.00 |  |
| NON-PLAYING MEMBER | £8.50 |  |

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 OFFICE ON REQUEST.**

**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)