**SCUNTHORPE TABLE TENNIS ASSOCIATION (STTA)**

**APPLICATION FOR MEMBERSHIP ~ 2023/24 (SENIOR)**

I would like to apply for membership of the STTA. My signature at the end, signifies my agreement to comply with all the rules, as set out in their Constitution and League Rules. Please note, that **all** League Players, **including Guests**, must also register with Table Tennis England (TTE), **before** they’re allowed to play. This can be done through STTA [see below]. Please complete this form **clearly and fully** and **PRINT** your details.

**GDPR:** Please see our **Privacy Policy** on the website (www.scunthorpetabletennis.co.uk/new/gdpr).

**Please note:** Insertion of any information below and your signature at the end, signifies that you’re happy for us to communicate with you, as indicated. This information is for TTE and STTA purposes only.

Surname: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Forename(s): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_­­­­­­­­­­­

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Post Code: \_\_\_\_\_\_\_\_\_\_\_\_\_

Gender: ­\_\_\_ Male \_\_\_ Female \_\_\_ Other (Please tick, as appropriate)

Date of Birth: \_\_\_\_ /\_\_\_\_ / \_\_\_\_ Nationality: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Home Tel No**:\*** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Mobile No:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Work Tel No:**\*** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ e-mail**:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**(\* = Optional, but we won’t be able to communicate with you via this means, if not completed.)**

Subscriptions are shown below. As always, we’ll be sympathetic to any cases of genuine, financial hardship. Just contact any STTA Committee Member, who’ll treat your approach in complete confidence. It’s more important to us, that you play table tennis!

**Seniors**

**(Notes)** Aged 19, or older 31.12.23 (Born 31.12.04, or earlier)

TTE Registration (All players) **(1)** 18 : 00

STTA **(2)** 20 : 00 / £12 : 00 (Delete as appropriate)

Total Subscription to Pay (insert as appropriate) £

========

**(1)** Delete the £18, if paid direct to TTE. If so, please provide your TTE Reg’n No ­­­\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**(2)** STTA subscription for Students, in full-time education, is £12.

Payment Methods:

1) **Bank Transfer** **(This is the PREFERRED method of payment!)**

Sort Code = 404024 (HSBC, High Street, Scunthorpe) A/c No = 42023008

A/c Name = Scunthorpe Table Tennis Association (or STTA)

Reference = 23/24 Sub followed by your surname (if room, also include your first name, or initials)

2) Cheque Payable to ~ STTA, or Scunthorpe Table Tennis Association.

Any queries, forwarding address and membership contact details ~

Rod Boyers, STTA Treasurer and Membership Secretary, 25 Wells Street, Scunthorpe DN15 6HL

(Office: 01724/281366 Mobile: 07803 459 464 e-m: rod@boyers.co.uk)

For further information, please check out the STTA website ~ www.scunthorpetabletennis.co.uk

In addition to my membership application, I also consent to the STTA Membership Secretary, or TTE Administrator, providing only my contact numbers and e-mail address, as listed above, to any current STTA member, who they believe, has a legitimate and reasonable reason for requesting such information, without contacting me in the first instance and to the use of my name and image, as appropriate, on the STTA website. I understand, that this consent can be cancelled, or modified, at any time. **If you DO NOT wish your details to be passed on, as stated above, then please tick here ­­­­­­­­­­\_\_\_\_\_\_\_\_ .**

Signature: Date: \_\_\_\_ /\_\_\_\_ /\_\_\_\_