

# Kemnal Table Tennis Club

Club venue: Sports Hall, Kemnal Technology College, Sevenoaks Way, Sidcup, Kent, DA14 5AA  
 Club contacts: Len Pilfold, 57 Merchland Road, New Eltham, London, SE9 2BQ  
 Tel: 0208 850 3910 Mob: 07790 171803 Email: [secretary@kemnalttc.co.uk](mailto:secretary@kemnalttc.co.uk)

## SENIOR (OVER 18) MEMBERSHIP APPLICATION FORM 2011 /2012

ALL PARTS OF THE FORM MUST BE COMPLETED. ETTA Licence No. must be Included or Applied For												
Personal Information – Please Print in Capital Letters												
Title		Date of Birth								ETTA No.		
Forename					Family Name							
Address												
										Post Code		
Telephone	(H)					(W)					(M)	
Important Please complete E-mail Address in block letters												
Email (1)												
Email (2)												
With which of the following ethnic groups do you most closely identify?												
White - British	<input type="checkbox"/>	Asian or Asian British - Bangladeshi	<input type="checkbox"/>	Mixed . White and Asian	<input type="checkbox"/>							
White - Irish	<input type="checkbox"/>	Asian or Asian British . Any other*	<input type="checkbox"/>	Mixed . Any other*	<input type="checkbox"/>							
White - Any other*	<input type="checkbox"/>	Chinese	<input type="checkbox"/>	Black or Black British - Caribbean	<input type="checkbox"/>							
Asian or Asian British - Indian	<input type="checkbox"/>	Mixed - White and Black - Caribbean	<input type="checkbox"/>	Black or Black British - African	<input type="checkbox"/>							
Asian or Asian British - Pakistani	<input type="checkbox"/>	Mixed - White and Black - African	<input type="checkbox"/>	Black or Black British - Any other*	<input type="checkbox"/>							
Other*	<input type="checkbox"/>	*Please specify other										
<b>Do you consider yourself to have a disability?</b>										Yes	<input type="checkbox"/>	
Visual Impairment	<input type="checkbox"/>	Hearing Impairment	<input type="checkbox"/>	Physical Disability	<input type="checkbox"/>	Multiple Disability						<input type="checkbox"/>
Do you have any disability, which limits your daily activities or the work you can do? (Including those due to old age)										Yes	<input type="checkbox"/>	
Do you have any long-term illness or health problem, which limits your daily activities or the work you can do? (Including those due to old age)										Yes	<input type="checkbox"/>	
MEMBERSHIP ENCLOSED - Please tick as applicable												
Cheque for Membership Fee - £120:00 per Annum or £10:00 Monthly STO								£120:00	<input type="checkbox"/>	STO £10:00	<input type="checkbox"/>	
Completed Monthly Standing Order Form attached						<input type="checkbox"/>	ETTA Licence Fee £6:00 Per Annum					<input type="checkbox"/>
SIGNATURE .....								DATE .....				
Tick box(es) if you do NOT wish to receive unsolicited information												
A: From non-table tennis companies						<input type="checkbox"/>	B: From table tennis organisations					<input type="checkbox"/>
C: On merchandising from the ETTA						<input type="checkbox"/>						
<b>OFFICE USE ONLY</b>	FEES PAID	Club £ .....			ETTA £ .....			Initial .....				

# STANDING ORDER FORM

Your Bank Details:

To ..... Bank plc  
Branch.....  
.....  
.....  
Post code.....

## 1. Name of Account to be debited

Full Name .....

Sort code ..... - ..... - .....

Account No. ....

## 2. Standing Order Details

Please pay	<b>Lloyds TSB plc</b>
Branch	<b>Orpington</b>
Sort code	<b>30 - 96 - 31</b>
For the credit of	<b>Kemnal Table Tennis Club</b>
Account No.	<b>3093789</b>

Amount payable £10:00 per month until further notice

First payment to be made on.....

Signature..... Date.....