## **BTTC** Membership application Title: First Name: Surname: Address: Postcode: Email address: Phone number: Date of Birth: **Emergency Contact Name:** ...../...../...... **Emergency Contact Number:** DD / MM / YYYY **MEMBERSHIP TYPES** A junior member must be under 18 years of age on the date of joining. Senior Citizen members are both male and female who are over 66 years of age on joining date which is the UK standard retirement age. If you do not wish to disclose your date of birth, full membership fees will apply. **MEMBERSHIP FEES.** Annual pro rata fees for joining during the following periods. Membership expires on 31st August each year. Join between Join between Join between Join between 1<sup>st</sup> Sep – 30<sup>th</sup> Nov 1<sup>st</sup> Dec – 28<sup>th</sup> Feb 1<sup>st</sup> Mar- 31<sup>st</sup> May 1st Jun - 31st Aug Adult £70 £18 £53 £35 Senior Citizen £50 £38 £25 £12 Junior £30 £23 £15 £7 Payment by debit or credit card, cash, cheque or bank transfer. Please make cheques payable to: BTTC Bank transfer to Barclays bank; Account name: BTTC. Account No: 13636259. Sort code: 20-76-90 Please put name of member as reference. **Amount Paid:** Membership Type:

Adult/ Senior Citizen/ Junior £ Circle as appropriate

Debit card/ Credit card/ Cash/ Cheque/ Bank Transfer

The information you provide in this form will be used solely for dealing with you as a member of Barnet Table Tennis Club. (hereinafter also referred to as 'BTTC' or the 'Club').

The Club has a Data Privacy Policy which can be found at the BTTC office and on the BTTC website and can be requested from the BTTC Secretary. Your data will be stored in accordance with this policy.

In the case of members that take part in teams/tournaments, their names, email addresses and telephone numbers will be given to their team captains or to tournament organisers for the purpose of managing their participation. Team captains' contact details will also be given to other teams, both internal and external to BTTC members that participate in the leagues. If you do not wish this information to be shared in this way, you will not be able to play in a team or tournament.

I consent to my contact information being provided to team captains, as above.

In order to comply with regulations from Barnet Council, the following information is requested. This information is given voluntarily and will remain confidential by BTTC. Please circle the number applicable to you.

| Ethnicity  | Disability                 |
|--|----------------------------|
| 1. Prefer not to say                               | 1. Prefer not to say.      |
| 2. English/Welsh/Scottish/Northern Irish           | 2. None                    |
| 3. White European                                  | 3. Wheelchair user         |
| 4. Other white background                          | 4. Walk with assisted aids |
| <ol><li>Mixed/multiple ethnic background</li></ol> | 5. Other                   |
| 6. Indian  |                            |
| 7. Pakistani                                       |                            |
| 8. Bangladeshi                                     |                            |
| 9. Chinese   |                            |
| 10. Japanese                                       |                            |
| 11. Other Asian background                         |                            |
| 12. African  |                            |
| 13. Caribbean                                      |                            |
| 14. Arab   |                            |
| 15. Other ethnic group not covered above.          |                            |

## **BTTC PHOTOS**

| BTTC may arrange for photographs or videos to be taken of Club/League activities and published on our |
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| website or social media channels, or placed on club notice boards, to promote the Club/League.        |
|   |

IF YOU DO NOT CONSENT TO YOUR IMAGE BEING USED BY THE CLUB IN THIS WAY TICK HERE.

For members, not yet 16, consent to the holding of information and the use of their image must be given by their parent / guardian.

## PARENTAL/GUARDIAN CONSENT (for children under 16)

If you consent to the use of your child's image being used for the purposes above, please tick here. Unreaching their 16<sup>th</sup> birthday, they will need to provide their own consent. If you/ the individuals listed above later wish to withdraw consent, please contact the Club Secretary. By agreeing to your images being used, you agree to assign any copyright or any other right of ownership of these images to the Club.

| I wish to become a member of BTTC and agree to the rules contained in the BTTC constitution.  I understand that my membership will be provisional until it is accepted by the Management committee.  I agree to receiving emails from the BTTC committee regarding BTTC information and to be notified of special events and that my contact details may be used by team captains should I join a team or enter a BTTC tournament. |      |                     |  |  |
|--|------|---------------------|--|--|
| Signed: Parent/Guardian signature required if member is unde   |      | . Date:             |  |  |
| Signature of BTTC Official   | Date | Entered on database |  |  |

Please present the completed form for membership. For cash, cheque or card payments, please see our Bar steward from 7.30pm onwards or see any Committee member if they are present. Or call in on a social morning on Monday, Tuesday, Thursday or Friday between 10.00am-12.00 or Wednesday from 2.00-4.00pm when payment can be made. If paying by bank transfer, the form can be left with any Committee member or Bar steward or during a social session, times as above, put it into our internal postbox or email it to: bttc.contact@gmail.com

## **Charity Gift Aid Donation**

| Gift Aid is reclaime                      | ed by the charity for the                      | e tax you pay for the current tax   |
|---|--|---|
| year. Your address                        | s is needed to identify                        | you as a current UK tax payer.  |
| In order to Gift Aid                      | your donation you m                            | ust tick the box:   |
| I want to Gift Aid m future to:           | y donation of £                                | and any donations I make in the   |
|   | and understand that if mount of Gift Aid clair | I pay less Income Tax and/or Capital ned on all my donations in that year it                                    |
| My details:                               |  |   |
| Title                                     | First Name                                     |   |
| Surname                                   |  |   |
| Full Home address                         |  |   |
|   |  | Postcode  |
| Please notify the char • Want to cancel   | • •  |   |
| <ul> <li>Change your na</li> </ul>        | ame or home address                            |   |
| <ul> <li>No longer pay s</li> </ul>       | sufficient tax on your i                       | ncome and/or capital gains.   |
| additional tax relief d                   | lue to you, you must in                        | lditional rate and want to receive the nelude all your Gift Aid donations on Revenue and Customs to adjust your |
| If you pay for the me accepted as a gift. | embership for a child (                        | (under the age of 18) this can also be  |
| Signed                                    |  | Date  |