

LCNL Table Tennis Club - Membership Form

Please take 2 minutes to complete this form. Thank you.

* Required

1. Full Name of player *

2. Parent Name (if junior age 16 or under)

3. Age *

4. Month & Year of Birth *

5. Contact Mobile Number (for WhatsApp Group) *

6. Email address *

7. Home Address incl post code *

8. Emergency Contact Name and Tel Number *

9. Player Level *

- ☐ Beginner (currently no capacity)
- ☐ Intermediate
- ☐ Advanced

10. Membership Fee Paid (valid for 12 months from 1st August) *

- ☐ £99 - Adult over 16
- ☐ £49 - Junior age 16 or under

11. Bank a/c details to send your payments to by bank transfer. Account Name: LCNL Table Tennis Club. Sort Code: 20-92-63. A/c Number: 20371513. Payment Reference to use = Player Full Name + Reason (Membership Subs, T-Shirt, Tournament, Fees etc)

12. Sunday practice - preferred session *

- ☐ 8.30am to 10.30am
- ☐ 10.30am to 12.30pm

13. Are you interested in playing for the Club in the Wembley & Harrow Winter League? (Sept to March) *

- ☐ Yes
- ☐ No

14. Table Tennis England (TTE) Membership Number (if applicable, otherwise use 0) *

15. I consent to being added to the WhatsApp Chat Group and agree to follow and abide by the rules of the LCNL Table Tennis Club. *

- ☐ Yes

16. First Aid

- ☐ I give consent to administer First Aid
- ☐ I don't give consent and will inform the Club

17. Media Consent

- ☐ I give consent to use photos or videos captured
- ☐ I don't give consent and will contact the Club

18. Today's date *

19. Club Contact Details: Email: tabletennis@lcnl.org Website: <https://lcnl.org/table-tennis/>

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Microsoft Forms

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QR Code to online Microsoft Form

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