

British Columbia Table Tennis Association



MEMBERSHIP APPLICATION FORM

Please print

Name : _____ Birth-date (y / m / d) : _____ Gender : Female / Male
(First Name/Middle Name/Last Name)

Name of organization (if applicable): _____

Address : _____ Postal Code : _____

Phone : Home : () _____ Work : () _____ Cell : () _____

Email : _____

Fee Schedule : (please check applicable one)

(a) **Voting membership (full year) – MUST BE 19 OR OVER OR ORGANIZATION** \$30.00

(b) **Non-voting membership (full year) – ANY AGE OR ORGANIZATION** \$20.00

Note : Full year is from September 1st to August 31 of the following year

I/our organization agree(s) to abide by all the B.C.T.T.A. rules and regulations and I/we hereby release the B.C.T.T.A. from any liability for loss, damages or injury that may result from my/our participation in any and all B.C.T.T.A. activities.

Signature of Applicant or Representative of Organization : _____

Signature of Parent or Guardian (in case of a Minor) : _____

Date of application : (y / m / d) : _____

NOTE : Acceptance of membership is subject to the approval by the Board of Directors.

Please make cheque or money order payable to **BRITISH COLUMBIA TABLE TENNIS ASSOCIATION.**

Mail completed form with payment to **BCTTA #227 – 3820 Cessna Drive. Richmond. B.C. V7B 0A2**

A membership card will be issued upon receipt of your fees and approval by the Board of Directors.

.....

FOR OFFICE USE ONLY:

Date received (y / m / d) : _____ Approved : Yes _____ No _____ Pending _____

Date of approval : _____ Membership # _____ Date card sent: _____