

NEW/ RENEWAL MEMBERSHIP APPLICATION FORM



Please print

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

Address : _____ Postal Code : _____

Education Achievement: University/College/Secondary/Elementary School: _____

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

E-MAIL : _____

Fee Schedule : (please check applicable one)

	<u>Full year</u>	
ADULT	\$ 30	_____
SENIOR (over 55)	\$ 20	_____
JUNIOR (under 18)	\$ 20	_____
AFFILIATED (clubs/schools)	\$ 30	_____
RECREATION	\$ 10	_____

Note : Full year is from **September 1st – August 31st**.

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 of B.C.T.T.A's activities.

Signature of Applicant or Representative of Organization : _____

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

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

NOTE : Please make cheque or money order payable to: **B.C. TABLE TENNIS ASSOCIATION.**

Mail completed form with payment to: **#227-3820 Cessna Drive, Richmond, BC V7B 0A2**

A membership card will be issued upon receipt of your fees.

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FOR OFFICE USE ONLY:

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

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