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: #208-5760 Minoru Blvd., Richmond, B.C., V6X 2A9**

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: _____

We gratefully acknowledge the financial support of the Province of British Columbia through the Ministry of Community, Sport and Cultural Development