



British Columbia Table Tennis Association

VOLUNTEER APPLICATION / RENEWAL FORM

Please print

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

Address : _____ Postal Code : _____

Phone : Home : _____ Work : _____ Cell : _____

Referred by: _____ (Membership #: _____)

EMAIL: _____

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's activities.

Signature of Applicant : _____

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

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FOR OFFICE USE ONLY:

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

Date of approval : _____ Membership # _____