British Columbia
Table Tennis Association
Email: bcttatournament@gmail.com

Mailing address:
P.O. Box 35546
RPO Bridgeport,
Richmond, BC,
V6X 4G6

British Columbia Table Tennis Association
MEMBERSHIP APPLICATION / RENEWAL FORM
(2026 – 2027)

Please print:

Name: _____ Date of Birth: _____ Gender: M / F

(FirstName / Middle Name / FAMILY NAME) (YYYY/MM/DD)

Address: _____ Postal Code: _____

Home Phone: _____ Work: _____ Cell: _____

EMAIL: _____

Fee Types: (Please check applicable one)	Full Year*	
(a) Voting membership (full year) – MUST BE 19 OR OVER OR ORGANIZATION	$52.50CAD	☐
(b) Non-voting membership (full year) – ANY AGE OR ORGANIZATION	$42.00 CAD	☐

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

Voting members rights and Obligations

a) Electing directors; b) appointing the auditor; and c) amending the bylaws

Dues The Board will, by the Board Resolution, determine the dues payable by Members from time to time and such determination will be deemed to continue in force until altered by the Board.

Expulsion or Suspension of Member

Following an appropriate investigation or review of a member's conduct or actions, in accordance with the Regulations and policies established by the Board, the Board may, by the Board Resolution, expel, suspend or otherwise discipline a Member for conduct which, in the reasonable opinion of the Board.

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, damage or injury that may result from my/our participation in all B.C.T.T.A.'s activities.

Signature of Applicant: _____

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

NOTE: **You can renew your membership online at www.bctta.ca or submit your form to:**

Mailing Address: P. O. Box 35546, RPO Bridgeport, Richmond, BC, V6X 4G6

E-mail Address: bcttatournament@gmail.com

Payment Method: **E-transfer to: bcttatournament@gmail.com**

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

FOR OFFICE USE ONLY:

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

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