



Membership Application – Club Organization
September 1st to August 31st

Organization Name: _____

Mailing Address: _____

Town/City: _____ Postal Code _____

E-mail: _____ Web site: _____

Contact Person: _____ Position: _____

Contact Person e-mail (if different): _____

Contact Telephone: _____

Benefits

Individual Member:

1. May participate in ATTA programs and activities
2. May receive an electronic copy of ATTA/TTCAN newsletter
3. May enter any open tournaments in Canada
4. Membership in Table Tennis Canada, Sport Alberta, Edmonton Sport Council and Calgary Sport Council
5. Resource material borrowing privileges

Club Member:

1. Individual membership benefits are extended to all club members
2. Administrative help to set up a league, tournament or other program
3. Special rate to purchase or rent equipment
4. Use of ATTA web site for club information
5. Club may qualify for grants or profit sharing as a result of fundraising or ATTA programs.

Please choose membership type

Club (>20) \$100.00 _____
 Club (<21) \$ 50.00 _____
 School \$ 20.00 _____

Please answer if applicable

Number of Certified Table Tennis Umpires _____
 Number of Certified Table Tennis Referees _____
 Number of Certified Table Tennis Coaches _____

Club Information

Location of practice: _____

Practice days and times: _____

Club membership fees: _____

Number of members: _____ Age level _____ Level of play _____

Please submit a club membership list with addresses prior to July of each year. We require a membership list with names, addresses and telephone numbers to secure government funding, determine who is eligible to vote at the Annual General Meeting and ask for volunteers. If your members would like to receive our e-news and Table Tennis Canada's e-newsletter please have them provide us with their email contact.

We are committed to respecting the privacy of our members and will only collect personal information for purposes that are necessary to carry out the business of the Alberta Table Tennis Association. We will only collect information that is reasonable for carrying out those purposes.

Our organization agrees to abide by the rules, regulations and code of conduct of the ATTA, and further to behave in a manner consistent with ideals of good sportsmanship. We hereby release the ATTA from any liability for loss, damage or injury that may result from my participation in ATTA activities.

 Signature of Club President or signing authority

 Date