ALBERTA TABLE TENNIS ASSOCIATION
11759 Groat Road, Edmonton, Alberta T5M 3K6
Phone: (780) 427-8588 Fax: 1 866 273-6708
Email: atta@abtabletennis.com

Membership Application – Individual

September 1st to August 31st

Name: _____ _____
(last) (first)

Mailing Address: _____

Town/City: _____ _____
Postal Code

E-mail: _____ Telephone: _____

Year of birth: _____ Male or Female

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

Individual	$ 10.00	___
Club (>20)	$100.00	___
Club (<21)	$ 50.00	___
School	$ 20.00	___

Please check if applicable

Certified Table Tennis Umpire	Level _____
Certified Table Tennis Referee	Level _____
Certified Table Tennis Coach	Level _____
Volunteer	_____

I agree 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. I hereby release the ATTA from any liability for loss, damage or injury that may result from my participation in ATTA activities.

_____ _____
Signature of Member Signature of Parent or Guardian if under the age of 18

_____
Date

The ATTA is 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 the information that is reasonable for carrying out those purposes.