



11759 Groat Road, Edmonton, Alberta T5M 3K6
Phone: 780-427-8588 Fax: 780-427-2752
Email: atta@abtabletennis.com

Registration – Affiliated Club

September 1st – August 31st

Please enclose a copy of your most recent membership list.

Please print clearly:

Name of Club/Company: _____

Mailing Address: _____

City, Province: _____ Postal Code _____

Contact Person _____ Position: _____

Mailing Address: _____

Phone: _____ Fax: _____ Email: _____

Club Information

Location of Practice _____

Practice Days and Times _____

Club membership fees: _____

Number of members: _____

Age level/level of athletes: _____

Club Executive

President: _____ Phone: _____

Mailing Address: _____

City, Province: _____ Postal Code _____

Email: _____ Fax: _____

Vice President: _____ Phone: _____

Mailing Address: _____

City, Province: _____ Postal Code _____

Email: _____ Fax: _____

Secretary: _____ Phone: _____

Mailing Address: _____

City, Province: _____ Postal Code _____

Email: _____ Fax: _____

Vice President: _____ Phone: _____

Mailing Address: _____

City, Province: _____ Postal Code _____

Email: _____ Fax: _____



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Membership Application – Individual

September 1st – August 31st

Name : _____

Mailing Address : _____

City : _____ Postal Code : _____

Phone: _____ Fax: _____ Email: _____

Year of Birth: _____ Gender: _____

Benefits of being an ATTA member:

Individual Member :

1. May participate in all ATTA programs/activities and receive a copy of the ATTA Newsletter and additional information by mail or email.
2. May enter any open tournaments in Alberta/Canada.
3. Receive free sport accident insurance coverage (covering participation in and travel to and from all scheduled tournaments, training camps etc.)

Club Members :

1. As per individual member benefits above.
2. Club may obtain guidance/written assistance from ATTA with respect to administrative set up of a league, tournament or other program.
3. Club may qualify for grants or profit sharing as a result of fund raising or ATTA programs.

Membership Type:

Please check if you are one of the following

Active Individual	\$ 10.00	_____	Certified International Umpire	_____	Certified International Referee	_____
Affiliated Club (>21)	\$100.00	_____	Certified National Umpire	_____	Certified National Referee	_____
Affiliated Club (<20)	\$ 50.00	_____	Certified Provincial Umpire	_____	Certified Coach	_____
Affiliated School	\$ 20.00	_____	Certified Club Umpire	_____	Volunteer	_____

I/our organization agree(s) to abide by all ATTA rules and regulations and I/we hereby release the ATTA from any liability for loss, damage or injury that may result from my/our participation in ATTA activities.

Signature of Member or Club President

Signature of Parent or Guardian (if under the age of 18)

Date

Please make cheque or money order payable to the Alberta Table Tennis Association. Affiliated Club applications, please submit with Registration Form.

Mail to: ATTA
 11759 Groat Road
 Edmonton, Alberta
 T5M 3K6

For Office Use only:

Date received: _____ Membership year: _____
 Fee received: _____ Cheque Number: _____ Deposit: _____
 Membership list received: _____ Number of active members: _____