

ALBERTA TABLE TENNIS ASSOCIATION

11759 Groat Road, Edmonton, Alberta, T5M 3K6, Canada

Email: info@attaabt.com

Membership Application – Individual

September 1st to August 31st

Name (Print): (Last) _____ (First) _____

Mailing Address: _____

Town/City: _____

Postal Code E-mail: _____

Telephone: _____

Year of birth: _____

Gender: _____

Benefits of 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. Will be included in the Canadian Rating System for Table Tennis Players
5. Resource material borrowing privileges (if any)

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 _____

Guardian Name: _____

Date: _____ (yy/mm/dd)

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.

In accordance to the association's Bylaws, the ATTA's board of directors reserve all rights to review, accept or reject, all membership applications to the association.