

TASMANIAN TABLE TENNIS ASSOCIATION INC

MEMBERSHIP REGISTRATION FORM

Office Use Only: Membership No: _____

Please complete the following details (**PLEASE PRINT**)

ASSOCIATION / LEAGUE you wish to register with: _____

Circle: Male / Female

Circle: Junior (U18) / Senior / Veteran (40+)

SURNAME:

GIVEN NAMES:

DOB: / /

ADDRESS:

Postcode:

PHONE NO: Home: _____ Work: _____

Mobile: _____ Email: _____

MEMBERSHIP CATEGORIES: (Please circle the category you wish to register)

“AAA” State players / National Ranking List
“AA” Pennant players (includes Juniors playing Senior Roster)
“A” Schoolchildren

The following information is required for the database (please complete as indicated)

PLAYER	Yes / No	
ACCREDITED COACH	Yes / No	Level _____
QUALIFIED UMPIRE	Yes / No	Level _____
ADMINISTRATOR	Yes / No	Level _____

LIKELY TO PLAY CHAMPIONSHIPS Yes / No

I understand that the information provided will be passed onto Table Tennis Australia.

SIGNATURE: _____ **DATE:** _____

It would be appreciated if this form could be fully and accurately completed and returned to your Branch Membership Officer.