

TTACT MEMBERSHIP – 2012

Reg No:

Table Tennis ACT: Ph: 6295 9607 Email: tabletennisact@gmail.com Website: www.tabletennisact.org.au

NEW MEMBER:

RENEWING MEMBERSHIP:

(Please print clearly and fill in all sections)

SURNAME: _____ GIVEN NAME: _____

ADDRESS: _____ SUBURB: _____

POST CODE: _____ MALE: FEMALE:

PHONE(W): _____ PHONE(H): _____ PHONE(M): _____

EMAIL ADDRESS _____

DATE OF BIRTH: ___/___/___ : under 18 (J): 18-40 (S): Over 40 (V): Social Group:

Category (Fees include a levy to TT Australia plus a payment for insurance)	Membership Fee (GST inclusive)	Please tick one
Adult	\$79	<input type="checkbox"/>
Junior (under 18 years) <input type="checkbox"/> Full time student / Non-working concession card holder <input type="checkbox"/> Morning social group (non-competition) member <input type="checkbox"/>	\$45	<input type="checkbox"/>
Family (parents + 2 children under 18 years)	\$152	<input type="checkbox"/>
Associate (place of residence >120 km from Kingston)	\$35	<input type="checkbox"/>

Please note that Memberships cannot be accepted unless accompanied by the full fee.

For **Family Membership**, please indicate the names and dates of birth of family members.

Name: _____ Male/Female ___ Date of Birth: _____

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Payment Options (please tick one) and fill in form overleaf if required:

Cheque (payable to Table Tennis ACT)

Direct Deposit (please fill in form overleaf)

Credit Card (please fill in form overleaf)

Cash (please contact the Centre Manager to arrange payment)

Volunteers: Our Association depends heavily on the voluntary efforts of members. Please indicate if you are willing to volunteer some of your time to support TTACT? YES: Please indicate the skills or assets (eg carpentry, electrical, manual labour, IT, truck, First Aid, accounting) you have that could be useful to TTACT:

Table Tennis Qualifications: Please indicate any specific coaching, umpire or referee qualifications you already have: _____ or are interested in achieving _____

I/WE AGREE TO ABIDE BY THE CONSTITUTION OF THE ASSOCIATION, ITS BY-LAWS AND BOARD REQUIREMENTS INCLUDING THE PROMOTION AND CONDUCT OF THE SPORT.

SIGNATURE: _____ DATE: _____

For further information, please contact:

General enquiries	President (Glenys Joliffe)	Tel 0438 546 150 (mob)
General enquiries and payments	Centre Manager (Song Chen)	Tel 0409 607 588 (mob); (02) 6295 0676 (H)
Email for all enquiries:	tabletennisact@gmail.com	

Please mail or present the completed form and full fee to: The Centre Manager, Table Tennis ACT, PO Box 4983, Kingston, ACT 2604. A receipt will be issued.

I would like to pay my membership fee (category as shown overleaf) by:

- Direct Deposit (CBA – BSB 062900, Account No: 00807757, Account name Table Tennis ACT)

Date funds transferred via Internet
(please record your name at the time of transfer)

Date paid at bank branch
(please attach deposit receipt from bank)

- Credit Card (please fill in below)

Charge \$..... to my Bankcard Mastercard Visa Card

Card No:

Cardholder Name:..... Expiry:...../.....

Signature of Cardholder: