

GSTTA MEMBERSHIP APPLICATION FORM

(Please use block letters)

FEES \$5.00
(to accompany
application)

Membership valid to 31/12/2016

Name..... Date of Birth

Residential Address

Postal Address.....

Town..... Post Code

Telephone..... Mobile.....

Email.....

Emergency Contact Name

Emergency Contact Telephone.....

Do you have ambulance cover? (Please circle one) Yes No

I am interested in playing in the Country Carnival Yes No

I am interested in representing the GSTTA in
Inter-association matches Yes NoI agree to abide by the constitution of the GSTTA Inc.
(Please tick box) ☐I agree to abide by the playing rules of the GSTTA Inc. ☐I agree to abide by the Member Protection Policy of the GSTTA Inc ☐

Signature..... Date.....

Date Receipt Issued..... Receipt Number.....

Membership Renewal is now due as it expired on 31st December 2015.Please post your renewal form with accompanying fee to PO Box 541
Port Elliot or hand to a committee member. It could be handed in at
Thursday Practice Night.

Remember you must be a member to play competition.

The Autumn Competition will start in February and the Winter GSTTA
Table Tennis season will probably start in May.We need to know player availability for the Winter Competition.
Please fill in the section below and return it with your membership
form.

NAME.....

I intend playing in the Winter Competition in 2016 YES NO
(Please circle)I will play FULL TIME FILL IN (reserve)
(Please circle)