



## Great Southern Table Tennis Association

**FEE \$5.00**

Payment is required prior  
to participation in  
competition matches

### MEMBERSHIP REGISTRATION FORM

Membership valid to 31/12/2017

**Surname:**

**First Name:**

**Date of Birth:**

**Residential Address:**

**Postal Address:**

**Telephone:**

**Mobile:**

**Email:**

**Emergency Contact Name:**

**Phone:**

*Please check the boxes below: (Click inside the appropriate box)*

Do you have ambulance cover? 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 No

I agree to abide by the constitution of the GSTTA Inc

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 Issue:

Receipt Number:

To assist with Match planning please fill in the section below:

#### 2017 AUTUMN COMPETITION

I intend playing in the 2017 Autumn Competition Yes No

I will play FULL TIME FILL IN (reserve)

#### 2017 WINTER PENNANT COMPETITION

I intend playing in the 2017 Winter Pennant Competition Yes No

I will play FULL TIME FILL IN (reserve)

If your preferences change at any time, please contact the Secretary or Match committee