

# 2024 Membership Application Form

## Renewing Members ONLY

Select applicable group: Keenagers ☐ Pennant ☐ - Division: \_\_\_\_\_ Other ☐

Personal Details			
Association / Club	<b>ALBURY WODONGA TABLE TENNIS ASSOCIATION INC.</b>		
Last Name	<input style="width: 150px;" type="text"/>	First Name <sup>1</sup>	<input style="width: 150px;" type="text"/>
Date of Birth	<input style="width: 150px;" type="text"/>	Telephone	<input style="width: 150px;" type="text"/>
Email	<input style="width: 250px;" type="text"/>		
<b><i>If any of the details below have changed since 2023 please update as required. A new AWTTA Application for Membership form must also be completed.</i></b>			
Address	<input style="width: 250px;" type="text"/>		
Suburb	<input style="width: 150px;" type="text"/>	State/Postcode	<input style="width: 150px;" type="text"/>
Gender	<input style="width: 150px;" type="text"/>	Ethnicity (optional)	<input style="width: 150px;" type="text"/>
Disability (Yes/No)	<input style="width: 150px;" type="text"/>	If yes, Class?	<input style="width: 150px;" type="text"/>
Emergency Contact Name:	<input style="width: 150px;" type="text"/>	Relationship to Member:	<input style="width: 150px;" type="text"/>
Emergency Phone	<input style="width: 150px;" type="text"/>	**MUST BE DIFFERENT TO OWN PHONE**	
WWCC Number <sup>2</sup> :	<input style="width: 150px;" type="text"/>	WWCC Expiry:	<input style="width: 150px;" type="text"/>
1. If you have a common name, please also provide a middle initial. If you have multiple names, please provide all of them. 2. All Committee Members, Coaches, Referees, Umpires, Coordinators, Managers, etc. require a WWCC to be lodged with TTV.			
Membership Level			
Social	\$45.00	<input style="width: 50px;" type="text"/> >	Please Circle Activity: Social / Coach / Committee / Referee / Umpire
Competition – Adult	\$110.00	<input style="width: 50px;" type="text"/>	Competition – Concession*      \$90.00 <input style="width: 50px;" type="text"/>
*Type of concession:		<input style="width: 200px;" type="text"/>	
		<b>Checked by:</b> <input style="width: 150px;" type="text"/>	
Declaration			
In signing this form, I AGREE to be bound by the Constitution and Policies/Regulations of both Table Tennis Australia and Table Tennis Victoria; support both Table Tennis Australia and Table Tennis Victoria in the promotion of its Objects/Purposes; and the Terms and Conditions of Membership available at <a href="https://www.tabletennisvic.org.au/registration/terms/">https://www.tabletennisvic.org.au/registration/terms/</a>			
Date	<input style="width: 250px;" type="text"/>		
Member Signature	<input style="width: 250px;" type="text"/>		
Parent / Guardian Signature <small>[if under 18 years]</small>	<input style="width: 250px;" type="text"/>		
Please submit completed form to: AWTTA Treasurer at 471 North Street, Albury NSW 2640 or via email: <a href="mailto:rickwds@bigpond.com">rickwds@bigpond.com</a> Payment can be made at the Clubrooms or by direct bank transfer.			

**AWTTA Bank Details for transfers:**  
 Account Name: AWTTA  
 BSB: 633000  
 Account Number: 122702285  
 Reference: Initial and Surname

**OFFICE USE:** Date paid: ...../...../ 2024

Card ☐    Cash ☐    Online ☐    AKV ☐