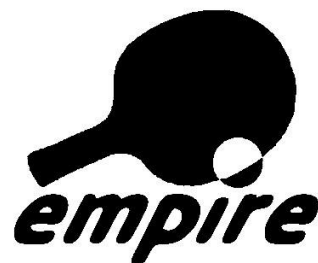


EMPIRE TABLE TENNIS CLUB INC

Marine Parade, Petone
P.O. Box 38312
Wellington Mail Centre
Lower Hutt 5045
www.empirett.org.nz



MEMBERSHIP APPLICATION FORM

Please Print

First name: _____ Surname: _____

Preferred Name: _____ Gender: M / F

Address: _____

_____ Post Code: _____

Telephone: Home: _____ Business: _____

Mobile: _____ Email: _____

Date of birth: _____

Occupation: _____

Class of Membership applied for (circle one):

Adult

Concession

School junior

Concession Type: _____

School: _____

Concession ID _____

Emergency Contact

Name: _____ Phone Number: _____

Do you have a current first aid certificate? Yes / No

I wish to apply for membership of the Empire Table Tennis Club. I agree to abide by the rules of the club.

I consent to the collection of the above details by the Empire Table Tennis Club for the purpose of membership records and for it to retain, use and disclose these to affiliated organizations, funding agencies and sponsors.

I acknowledge my right to access and correction of this information. This consent is given in accordance with the Privacy Act 1993.

Signature: _____ Date: _____

How did you find out about us?

Family/Friends

Internet

Signpost

Newspaper

Radio

Phone Book

.....
For office use only:

Subscription \$ _____ Date paid: _____ Receipt number: _____