

For Office Use only
Date Rec: _____
Paid By: _____
Approved: _____

HAWAII TABLE TENNIS CLUB
CONTACT - RICK LIVERMORE
PHONE NO. 566-0887, MOBILE NO. 222-0420

MEMBERSHIP FORM

Please Print Clearly Use Ink Only

Name:
Last: _____ First: _____ Middle Initial: _____
Address: _____ Apt. No.: _____
City: _____ **State:** _____ **Zip Code:** _____
Telephone:
Home (____)-_____ Business (____)-_____ Mobile / Pager (____)-_____
Email Address: _____ **Date of Birth:** _____

Type of Membership: New Renewal (Membership fees are Non-Refundable)

Individual / Adult Currently \$30.00 per year

Family* of 2 \$40.00 per year

Junior Under 18 Free Membership

*If you are applying for Family membership, only you and your spouse may qualify.

Please list spouse's name and age.

Spouse: _____ Age _____

Optional: (Information used only for support Activities)

Occupation: _____ Employer: _____

Emergency Contact

Name: _____ Relation: _____ Phone: _____

I have read, understand and agree to abide by all current HTTC policies when participating at any HTTC sanctioned practice site or HTTC sponsored event.

Signature: _____ Date: _____

THIS APPLICATION AND WAIVER MUST BOTH BE SIGNED TO BE VALID