

CHATTANOOGA TABLE TENNIS CLUB

Application for Membership (Please print)

Name _____

Address _____

Phone: H (____) _____

W (____) _____

E-mail _____

Please check one:

_____ Adult \$55

_____ Sr. Adult (50 & up) \$30

_____ Students/Juniors \$30

_____ Family \$100

_____ Limited Income \$25

\$ _____ Total amount paid

Make check payable to: CTTC

Mail to: Doug Byrd • 1443 Britt Lauren Way • Soddy Daisy, TN 37379

I/we agree to pay the Club fees and adhere to the rules of the C.T.T.C. I/we will not hold the Club, the officers/members, or the YMCA responsible or liable for any injuries I/we may incur while involved with the Club in any way.

Applicant's signature Date

Parent or Guardian signature Date
(Required if applicant is under 18)