



Seattle Pacific Table Tennis Club 西雅图欣然乒乓球俱乐部

MEMBERSHIP REGISTRATION FORM

Applicant Profile		
First Name:	Last Name:	
Birthday: / /	Gender: M / F	
Mailing Address:		
Email:	Phone #:	
Driver's License ID:	Referred by:	
Fees		
Family (maximum 2 adults and 2 /month Senior (65+ years old) receives 1	x /year; \$150+tax /quarter; \$75/mont kids under age of 17); \$1320+tax/ye 0% discount (annual membership o	ear; \$400+tax /quarter; \$155+tax
I/our organization agree(s) to abide by all SPTTC rule injury that my result from my/our participation in any and all fees without prior notice.		
Signature of Applicant:		_ Date:
Signature of Parent or Guardian: (in case of minor)		_ Date:
FOR OFFICE USE ONLY:		
Date received:	Photo Taken: YES / NO	
Date approved:	Membership #:	
Date of key tag issued:	Key tag number:	