

Registration Fee \$15

Payment is required to participate in GSTTA social and competition matches or practices



2026 GSTTA MEMBERSHIP REGISTRATION

Membership valid to 31 DECEMBER 2026

Full Name: _____

Residential Address: _____

Postal Address: _____

Telephone: _____ **Mobile:** _____

Email: _____

(Optional - only used to share table tennis information amongst GSTTA members)

Date of Birth: Please state: _____

Emergency Contact Name: _____ **Phone:** _____

Emergency Contact's Relationship to you: _____

Do you have **Ambulance Cover**? Yes No

To align with TTA's National Integrity Framework and Safeguarding Policy, please confirm each statement by ticking each 'Yes' tick box:

- I am aware of Table Tennis Australia's Safeguarding of Children and Young People Policy on the TTA website, and have read and understood the Code of Conduct/Rules and agree to abide by all requirements as a member. **Yes**
- I do not have any criminal convictions, findings of guilt or pending police matters for offences relating to child safety/well-being (including sexual/physical abuse). **Yes**
- I understand false information above may result in membership termination by the Club. **Yes**

I agree to abide by the constitution, playing rules and the Member Protection Policy of the GSTTA

Signature: _____ **Date:** _____

GSTTA Nominee Name: _____ **Signature:** _____

To assist GSTTA, Table Tennis South Australia and Table Tennis Australia in collecting statistics about community participation in table tennis, please provide the information below. Once collated anonymously, it will provide data when seeking federal, state and local council grants and funding for table tennis across Australia, but, more importantly for this area.

Cultural Diversity: do you identify with any other cultural heritage other than Australian? (e.g. born overseas, parent(s) born overseas). Please state: _____

Disability: do you have a medical / physical challenge? Please state: _____

(This section to be completed by the GSTTA Nominee)

Receipt Number: _____ Date Receipt Issued: _____