



Malta International Table Tennis Centre
Church Street Tarxien
Malta- Europe
+356 99525371
www.mittc.org
info@mittc.org

MEMBERSHIP FORM

New Member (Fill in Sections 1, 2 & 3)

Renewing Member (Fill in Sections 1 & 3)

1. MEMBERSHIP DETAILS

Membership Start Date: ___/___/___

Expiry Date: ___/___/___

First Name: _____ Last Name: _____

Membership Type: TABLE TENNIS

Gold	€140 (12 months)
Silver	€85 (6 months)
Bronze	€50 (3 months)

+ Fitness Centre Discount Offer if Taken with Table Tennis Membership

€35 (3 months) --- €65 (6 months) --- €80 (12 months)

Opening Hours:

Monday to Fridays 09:30 to 22:30

Saturdays 09:30 to 13:30

Closed on Sundays & Public Holidays

2. MEMBER DETAILS (Renewing members complete if details have changed)

Sex: Male Female Date of Birth: ___/___/___ Age: ___ years

Postal Address:

Postcode: _____

Telephone: (Home): _____ (Mobile): _____

E-mail: _____

Emergency Contact Name: _____

Emergency Contact Phone: _____

Attach 2 passport size photos with this membership registration

3. MEMBER'S DECLARATION & PAYMENT DETAILS

I agree to pay the following fee: € _____

Signature: _____ Date: ___/___/___

4. MEMBERSHIP TERMS & CONDITIONS

Administration

1. Appropriate covered footwear & a shirt must be worn and towels must be used at all times whilst in the gymnasium.
2. Proper gym shoes should always be worn on the Table Tennis flooring since shoes can easily damage the rubber flooring.
3. Each member must respect other gym users and behave in an appropriate manner at all times.
4. Memberships are not refundable or transferable.

Conditions

1. Between 9.30 & 18.30 members must first report and sign at the Gymstars Office at the lower floor prior to entering the Table Tennis Centre. Action will be taken against those who do not adhere to this condition.
From 18:30 onwards you need to pre-book tables by phoning at least 24 hours before play on Tel. number 21660903 or mobile number 99164228.
You will not be allowed to play after 18:30 if you do not book in advance. Checks will be effected on the premises.
2. A Minimum fee of 1 Euro per hour will be charged to cover Electricity costs which must be paid on reporting at the Gymstars office on the lower floor.

Acknowledgment of Risks, Injury & Obligations

1. I acknowledge that the activity I am to undertake may expose me to certain risks.
2. I acknowledge and understand that whilst participating in such activity;
 - I may be injured, physically or mentally,
 - My personal property may be lost or damaged;
 - Other persons participating in such activity may cause me injury or may damage my property
 - I may cause injury to other persons or damage their property
 - I assume the risk of and responsibility for any injury, death or property damage resulting from my participation in the activity.



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OFFICE USE ONLY:

Payment Type: Cash / Chq

Staff Name: _____ Date: __/__/__

Membership Number: _____