



Club Affiliation Form

Annual fee \$50.00

CLUB NAME: _____

Please answer all of the questions completely:

PLAYING SITE ADDRESS (be complete):*
(Any additional playing sites may be listed on page 2)

Name of Building: _____
Address: _____
City/State/Zip Code _____

What are the Club hours of operation: * _____

CLUB MAILING ADDRESS (if different from playing site):

Correspondent's Name: _____
Address: _____
City/State/Zip Code: _____
Telephone No: (Home) _____ (Work) _____
Email Address: _____

CLUB CONTACT:*

Name: _____
Telephone No: (Home) _____ (Work) _____
Email Address: _____
Club Website: _____

CLUB OFFICERS:

President: _____
Telephone No. _____
Email Address: _____

Vice President: _____
Telephone No. _____
Email Address: _____

Secretary: _____
Telephone No. _____
Email Address: _____

Treasurer: _____
Telephone No. _____
Email Address: _____



Does the club have a membership structure? Yes _____ No _____

If yes, please describe (For example, does the club maintain a membership list? Are membership fees monthly, annual? What are the membership fees?): _____

If yes, how many members does the club currently have? _____

How many tables does your club use when open for play? _____

What programs does your club offer/provide? (For example: Leagues, Coaching, Tournaments, Open Play, Junior Program) _____

Does the club have a bank account? Yes _____ No _____

Additional Multiple Location Information

PLAYING SITE ADDRESS (be complete):*

Name of Building: _____

Address: _____

City/State/Zip Code _____

What are the Club hours of operation: * _____

*Unless otherwise requested, this information will appear in USATT publications.

Please return completed form to the following address:

USA Table Tennis
Attn: Membership Director
One Olympic Plaza
Colorado Springs, CO 80909