

Club Affiliation Form

CLUB NAME:	
Please answer all of the questions completely:	
Address:	·
What are the Club hours of operation: * _	
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City/State/Zip Code: Telephone No: (Home) Email Address(required):	(Work)
CLUB CONTACT:* Name:	
	(Work)
CLUB OFFICERS: President: Telephone No. Email Address:	
Vice President: Telephone No. Email Address:	
Secretary: Telephone No Email Address:	
Treasurer: Telephone No	



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 1 Olympic Plaza Colorado Springs, CO 80909 Telephone #: 719-866-2267