



Table Tennis NSW Inc

AFFILIATES REGISTRATION FORM

NAME OF CLUB/ASSOCIATION: _____

Is this organisation incorporated? Yes No

NAME & ADDRESS FOR CORRESPONDENCE: (Please complete) _____

_____ POST CODE: _____

OUR OFFICE BEARERS ARE: *Please tick to indicate Primary Contact person*

PRESIDENT: _____

E-mail: _____ Best Contact Phone: _____

SECRETARY: _____

E-mail: _____ Best Contact Phone: _____

TREASURER: _____

E-mail: _____ Best Contact Phone: _____

Club Venue Details

Please list the playing venues operated by your Association /Club

| Club/Place Name | Address/Contact Details | Days/Hours | Tables | Juniors Y/N |
|-----------------|-------------------------|------------|--------|-------------|
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Agreement

We the above body state that the information supplied is correct and in accordance with our records as at the date of signing this form. Any changes to our Office Bearers or postal address of the body during the year will be advised to Table Tennis NSW Inc. Immediately. We also agree to pay affiliation fees for the calendar year as requested by the Association from time to time.

We, agree to abide by the Constitution of Table Tennis NSW Inc. and such rules and regulations as set from time to time by the Council of Table Tennis NSW Inc., including but not limited to registering all of our players and officials.

SIGNED BY _____ DESIGNATION _____

DATED THIS _____ (DAY) _____ (MONTH) 2018