2024 AFFILIATES REGISTRATION FORM & TAX INVOICE

NAME & ADDRESS FOR C	CORRESPONDENCE: (Please	se complete)			
		POS	T CODE:		
OUR OFFICE BEARERS A	RE: Please tick to indicate	Primary Cont	act person		
PRESIDENT:					
E-mail:	Best Contact Phone:				
SECRETARY:					
E-mail:	Best Contact Phone:				
TREASURER:					
E-mail:	Best C	ontact Phone:			
Club Venue Location Details		alation /Otal			
Club street address	nues operated by your Asso Contact Details		Days/Hours	Tables	Juniors \
General Contact					
Juniors contact					1
Athletes with Disability	_				
Seniors contact	_				
Cost of Affiliation for 2024 Agreement	l is \$175	Amour	nt Paid: \$		
signing this form. Any chang Table Tennis NSW Inc. Imm Association from time to tim	at the information supplied is ges to our Office Bearers or p nediately. We also agree to pa ne. <u>Please Note</u> For your Off gistered at a minimum of Soc	ostal address of ay affiliation feet ficials to be covered to the	of the body during es for the calend vered under dire	ng the year wi lar year as re	II be advised to quested by the
	Constitution of Table Tennis N nis NSW Inc., including but n				
by the Council of Table Ten	d here: https://www.ttpsw.or	g.au/clubs/			
by the Council of Table Ten The affiliation page is locate	Titlbs://www.ttrisw.or				
The affiliation page is locate The 2024 Affiliation form ca		SNATION			