



USATT & NCTTA Membership Application

**USATT & NCTT Individual Membership Fee.....\$25

First Name:	<input type="text"/>	Last Name:	<input type="text"/>	*USATT #:	<input type="text"/>
Address:	<input type="text"/>				
City:	<input type="text"/>	State:	<input type="text"/>	Zip:	<input type="text"/>
DOB:	<input type="text"/>	Sex:	<input type="text"/>	Email:	<input type="text"/>
				Phone #:	<input type="text"/>
NCTT/ USATT Club Affiliation:	<input type="text"/>				
<p>**Good Through October 1st, 2018—May 31st, 2019 and Multi-Year payments will not be accepted</p> <p>* Only If you have a USATT#</p>					

Payment Options:					
Put an "X" next to the payment option					
CHECK: _____	Please make all checks payable to USA Table Tennis.				
	Send checks to USA Table Tennis 4065 Sinton Rd. Ste 120 Colorado Springs, CO 809029				
PAYPAL _____	Send to ethan.figge@usatt.org				
CREDIT CARD: _____					
Pay by credit card: VISA/ MASTERCARD/ DISCOVER/ AMEX					TOTAL:
Name on the card:	<input type="text"/>				
Card #:	<input type="text"/>	EXP	<input type="text"/>	CVP	<input type="text"/>
Billing Address:	<input type="text"/>				
Signature	<input type="text"/>				

Please email or fax this application to Ethan Figge at Ethan.Figge@usatt.org or 719-632-6071