



USATT & NCTTA Membership Promotional Registration Form

Collegiate Club Annual Fee.....\$25 (Multi-Year payments will not be accepted)

School

Name:

Club

Name:

Please answer all of the questions completely

PLAYING SITE ADDRESS/ INFORMATION:

Name of Building:

Address

City/ State/ Zip:

Hours of
Operation:

CLUB MAILING ADDRESS/ CONTACT INFORMATION (If different from playing site):

Name:

Club Contact
Address:

City/ State/Zip:

Phone #:

Email:

Website:

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 or click here to be taken directly to PayPal

CREDIT CARD: _____

Pay by credit card: VISA/ MASTERCARD/ DISCOVER/ AMEX

TOTAL:

Name on the card:

Card #:

EXP

CVP

Billing
Address:

Signature

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