



## The Ontario Table Tennis Association

308-2211 Riverside Dr.

Ottawa, ON K1H 7X5

[otta@ctta.ca](mailto:otta@ctta.ca)

# CLUB AFFILIATION REQUIREMENTS

Clubs wishing to affiliate with the Ontario Table Tennis Association must meet insurance stipulated requirements.

If you wish to affiliate your club with OTTA please send **either** (A) or (B) below:

(A)

1. A copy of the waiver being used by your club
2. A completed Affiliation Form
3. A certificate of \$2,000,000 liability insurance showing Ontario Table Tennis Association as an additional insured
4. A cheque for the \$25.00 affiliation fee

(B)

1. A copy of the waiver being used by your club
2. A completed Affiliation Form
3. A cheque for \$25.00 affiliation fee plus \$3.45 for each member of your club plus a \$27.00 Agency Fee. (# of members x \$3.45 + \$27 + \$25)

In addition to (A) or (B) each club **MUST** have two officials who are members in good standing with the Ontario Table Tennis Association.

For more information on becoming an affiliated club email: [otta@ctta.ca](mailto:otta@ctta.ca)

**Please complete the Affiliation Form in full and make your cheque payable to OTTA. Completed Affiliation Form should be sent to:  
OTTA Affiliation, 308-2211 Riverside Dr. Ottawa, ON K1H 7X5**



**The Ontario Table Tennis Association**

308-2211 Riverside Dr.  
 Ottawa, ON K1H 7X5  
 otta@ctta.ca

**OTTA CLUB AFFILIATION FORM**

For Renewal and New Registration January 1, 2009 – December 31, 2009

**CLUB PROFILE**

Please PRINT Clearly

Name:	
Venue Address:	
Contact :	Position:
Email:	Telephone:
Hours of Operation:	
Membership Fee:	Visiting Fee:

**CLUB OFFICIALS**

Name:	Position:	Tel:	Mailing Address:
	OTTA Membership No:	Email:	
Name:	Position:	Tel:	Mailing Address:
	OTTA Membership No:	Email:	
Name:	Position:	Tel:	Mailing Address:
	OTTA Membership No:	Email:	

**CLUB COACH**

Name:	Telephone:	Email:
Mailing Address:		

**MEMBERSHIP**

We are accepting new members (circle):	YES	NO
Total membership:	of whom Senior Male:	Senior Female:
	Junior Male:	Junior Female:
Please attach a list of your members (optional)		

OFFICE USE ONLY: DATE RECEIVED \_\_\_\_\_ RECEIVED BY \_\_\_\_\_