PROVINCIAL AND LOCAL ASSOCIATION OFFICERS/DIRECTORS REPORT
20___ TO 20___

Association Name:		Association #:	
The annual meeting was held on:		Date of next annual meeting:	
Local Dues: $	Provincial Dues: $	National Dues: **$25.00**	Total Dues: $
Association email address (required):			

PLEASE LIST THE POSITION, CTF ID #, COMPLETE NAME, ADDRESS, PHONE NUMBER AND EMAIL ADDRESS OF ALL OFFICERS AND DIRECTORS, INCLUDING THE ASSOCIATION MANAGER, IN YOUR ASSOCIATION.

Position: **President**	CTF ID#:	Position: **Vice President**	CTF ID#:
Term Begins:	Term Ends:	Term Begins:	Tern Ends:
Name:		Name:	
Address:		Address:	
City:	Province:	City:	Province:
Postal Code:	Phone #:	Postal Code:	Phone #:
Email Address:		Email Address:	
Position: **Assoc. Manager**	CTF ID#:	Position: **Youth Coordinator**	CTF ID#:
Term Begins:	Term Ends:	Term Begins:	Tern Ends:
Name:		Name:	
Address:		Address:	
City:	Province:	City:	Province:
Postal Code:	Phone #:	Postal Code:	Phone #:
Email Address:		Email Address:	
Position:	CTF ID#:	Position:	CTF ID#:
Term Begins:	Term Ends:	Term Begins:	Tern Ends:
Name:		Name:	
Address:		Address:	
City:	Province:	City:	Province:
Postal Code:	Phone #:	Postal Code:	Phone #:
Email Address:		Email Address:	
Position:	CTF ID#:	Position:	CTF ID#:
Term Begins:	Term Ends:	Term Begins:	Tern Ends:
Name:		Name:	
Address:		Address:	
City:	Province:	City:	Province:
Postal Code:	Phone #:	Postal Code:	Phone #:
Email Address:		Email Address:	

Canadian Tenpin Federation, Inc.
Fédération Canadienne des Dix-Quilles, Inc.

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Surrey, BC   V3S 8G4
Phone: 1-833-381-2830
Send to: ctf@tenpincanada.com

Position:	CTF ID#:	Position:	CTF ID#:
Term Begins:	Term Ends:	Term Begins:	Tern Ends:
Name:		Name:	
Address:		Address:	
City:	Province:	City:	Province:
Postal Code:	Phone #:	Postal Code:	Phone #:
Email Address:		Email Address:	
Position:	CTF ID#:	Position:	CTF ID#:
Term Begins:	Term Ends:	Term Begins:	Tern Ends:
Name:		Name:	
Address:		Address:	
City:	Province:	City:	Province:
Postal Code:	Phone #:	Postal Code:	Phone #:
Email Address:		Email Address:	
Position:	CTF ID#:	Position:	CTF ID#:
Term Begins:	Term Ends:	Term Begins:	Tern Ends:
Name:		Name:	
Address:		Address:	
City:	Province:	City:	Province:
Postal Code:	Phone #:	Postal Code:	Phone #:
Email Address:		Email Address:	
Position:	CTF ID#:	Position:	CTF ID#:
Term Begins:	Term Ends:	Term Begins:	Tern Ends:
Name:		Name:	
Address:		Address:	
City:	Province:	City:	Province:
Postal Code:	Phone #:	Postal Code:	Phone #:
Email Address:		Email Address:	
Position:	CTF ID#:	Position:	CTF ID#:
Term Begins:	Term Ends:	Term Begins:	Tern Ends:
Name:		Name:	
Address:		Address:	
City:	Province:	City:	Province:
Postal Code:	Phone #:	Postal Code:	Phone #:
Email Address:		Email Address:	