

PROVINCIAL AND LOCAL ASSOCIATION OFFICERS/DIRECTORS REPORT 20 TO 20

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|--|---------------------|------------------------------------|----------------|
| Association Name: | | Association #: | |
| The annual meeting was held on: | | Date of next annual meeting: | |
| Local Dues: \$ | Provincial Dues: \$ | National Dues: \$20.00 | 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: | Term 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: | Term 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: | Term 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: | Term Ends: |
| Name: | | Name: | |
| Address: | | Address: | |
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| Postal Code: | Phone #: | Postal Code: | Phone #: |
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|----------------|------------|----------------|------------|
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| Term Begins: | Term Ends: | Term Begins: | Term 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: | Term Ends: |
| Name: | | Name: | |
| Address: | | Address: | |
| City: | Province: | City: | Province: |
| Postal Code: | Phone #: | Postal Code: | Phone #: |
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| Position: | CTF ID#: | Position: | CTF ID#: |
| Term Begins: | Term Ends: | Term Begins: | Term Ends: |
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| Term Begins: | Term Ends: | Term Begins: | Term Ends: |
| Name: | | Name: | |
| Address: | | Address: | |
| City: | Province: | City: | Province: |
| Postal Code: | Phone #: | Postal Code: | Phone #: |
| Email Address: | | Email Address: | |

RENSEIGNEMENTS SUR LES ADMINISTRATEURS/DIRECTEURS
SAISON 20 TO 20

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|---|-----------------------------|--|----------------|
| Nom de l'association: | | Numéro de l'association: | |
| Date de l'assemblée annuelle: | | Date de la prochaine assemblée annuelle: | |
| Cotisation locale: \$ | Cotisation provinciale : \$ | Cotisations nationales: \$20.00 | Total : \$ |
| Courriel | | | |
| VEUILLEZ INDIQUER LE POSTE, # ID FCDQ, NOM AU COMPLET, ADRESSE, NO DE TÉLÉPHONE ET ADRESSE DE COURRIEL DE TOUS LES ADMINISTRATEURS ET DIRECTEURS, INCLUANT LE GÉRANT DE L'ASSOCIATION, DE VOTRE ASSOCIATION. | | | |
| Poste: Président(e) | # ID FCDQ: | Poste: Vice-président(e) | # ID FCDQ: |
| Début de mandat: | Fin du mandat: | Début de mandat: | Fin du mandat: |
| Nom: | | Nom: | |
| Adresse: | | Adresse: | |
| Ville: | Province: | Ville: | Province: |
| Code postal: | # de tél.: | Code postal: | # de tél.: |
| Courriel: | | Courriel: | |
| Poste: Gérant de l'assoc. | # ID FCDQ: | Poste: Coordinateur de jeunesse | # ID FCDQ: |
| Début de mandat: | Fin du mandat: | Début de mandat: | Fin du mandat: |
| Nom: | | Nom: | |
| Adresse: | | Adresse: | |
| Ville: | Province: | Ville: | Province: |
| Code postal: | # de tél.: | Code postal: | # de tél.: |
| Courriel: | | Courriel: | |
| Poste: | # ID FCDQ: | Poste: | # ID FCDQ: |
| Début de mandat: | Fin du mandat: | Début de mandat: | Fin du mandat: |
| Nom: | | Nom: | |
| Adresse: | | Adresse: | |
| Ville: | Province: | Ville: | Province: |
| Code postal: | # de tél.: | Code postal: | # de tél.: |
| Courriel: | | Courriel: | |
| Poste: | # ID FCDQ: | Poste: | # ID FCDQ: |
| Début de mandat: | Fin du mandat: | Début de mandat: | Fin du mandat: |
| Nom: | | Nom: | |
| Adresse: | | Adresse: | |
| Ville: | Province: | Ville: | Province: |
| Code postal: | # de tél.: | Code postal: | # de tél.: |



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

6619 193 Street
Surrey, BC V4N 0C1
Phone/Fax: 1-833-381-2830

Courriel:

Courriel:



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| Poste: | # ID FCDQ: | Poste: | # ID FCDQ: |
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