**County Representative Company Member (CRCM) / National Councillor**

**Application Form for the administrative year 2024/25**

Please type or write in block capitals, apart from signature

|  |
| --- |
| **Person appointed as COUNTY REPRESENTATIVE COMPANY MEMBER / NATIONAL COUNCILLOR** |
| Surname: Forename(s):Address: Postcode:Tel.No: Mobile no: e-mail address: I am a member of Table Tennis England: Yes / No TTE Membership Number: |
| **Name of County Association**: |  |

I apply to the Board to be approved as a **COUNTY REPRESENTATIVE COMPANY MEMBER / NATIONAL COUNCILLOR** of the English Table Tennis Association Limited, trading as Table Tennis England, Company number 04268058 limited by Guarantee.

I declare that to the best of my knowledge and belief there is nothing in relation to my conduct, character or personal background of any nature that would adversely affect the position of trust in which I would be placed by virtue of becoming a Company Member.

In accordance with the Articles, I undertake that, if the company is wound up while I am a Company Member or within one year after I cease to be a Company Member, I will contribute up to a maximum of £10 to the assets of the company for payment of any debts or liabilities of the company contracted before I ceased to be a Company Member.

I confirm that I will remain as an affiliated member of Table Tennis England, whilst I am the Company Member representing the County named above.

|  |  |
| --- | --- |
| Signature: (Please do not type) | Date:  |

Please return this form to: Table Tennis England, Bradwell Road, Loughton Lodge, Milton Keynes, MK8 9LA, or send a scanned or photographed signed copy by email to: help@tabletennisengland.co.uk

Alterations must be initialled.

**Your county must also complete the separate Appointment Form each year.**