

Saint Lucia Basketball Federation

Affiliation Form - *FEE: EC\$150*

NAME OF ORGANISATION:

DELEGATES

PRESIDENT / CHAIRPERSON:

SECRETARY.....

TREASURER.....

PRO.....

OTHER.....

ADDRESS CORRESPONDANCE TO:

ADDRESS:

EMAIL ADDRESS:

TELEPHONE NUMBERS:.....(H).....(W).....(C)

2nd CONTACT DELEGATE:.....

EMAIL..... TEL. #:.....

.....
President/Chairperson

.....
Secretary

NOTE: PLEASE ATTACH A LIST OF THE CLUBS THAT ARE AFFILIATED TO YOUR ORGANISATION

Date Received:.....

Date Rectified:.....