



Elgin Middlesex Soccer Association
295 Rectory Street, London ON N5Z 0A3
(519) 668-2391
www.emsadistrict.com

APPLICATION FOR ACTIVE MEMBER

CHANGE IN STATUS

NAME OF CLUB _____

Date of Application _____

We hereby make Application for a Change in Membership Status in the Elgin Middlesex Soccer Association for the year ending May 31st, 20_____.

We are presently recognized as a EMSA Member in the following membership categories:
(indicate all categories that currently apply).

- _____ Active (Youth Soccer Recreational only)
- _____ Active (Youth Soccer Recreational and Competitive) Active
(Youth Soccer Recreational only + Senior Soccer)
- _____ Active (Youth soccer Recreational and Competitive + Senior Soccer)
- _____ Active (Senior Soccer only)
- _____ Active (Indoor only)

This Application for a Change in Status in respect of the following membership categories:
(indicate all additional categories that you wish to apply for):

- _____ Active (Youth Soccer Recreational only)
- _____ Active (Youth Soccer Recreational and Competitive) Active
(Youth Soccer Recreational only + Senior Soccer)
- _____ Active (Youth soccer Recreational and Competitive + Senior Soccer)
- _____ Active (Senior Soccer only)
- _____ Active (Indoor only)

To be eligible to file an Application, the Applicant Member acknowledges that they must be a "Member in Good Standing" of the Elgin Middlesex Soccer Association.

Applicants must sign this Application and initial each page of the Application in the area indicated and complete the Application Checklist.

By signing and submitting this Application, the Member:

- (i) acknowledges that it is bound by the Rules & Regulations of the EMSA, particularly the provisions that apply to an Application by a Member for a Change in Status;
- (ii) acknowledges that Notice of the Application shall be sent to all existing Members; that Members are entitled to receive a copy of the Application; and that Members may provide written submissions to the EMSA concerning the Application;
- (iii) authorizes the EMSA and District staff to investigate any facts or circumstances related to this Application;
- (iv) consents to the District requesting and obtaining any credit reports or credit enquiries concerning the Member;
- (v) agrees to meet with the EMSA or District Staff to discuss the Application;
- (vi) agrees that the EMSA or District Staff Board shall be entitled to meet with or contact any affected or interested District Association members or municipal Parks and Recreation Department and any other relevant parties while considering its decision on the Application;
- (vii) acknowledges that in making its decision, the EMSA Board shall be entitled to consider the Application, the materials and submissions presented by the Applicant, any submissions received from existing Members concerning the Application, any facts, documents or findings resulting from any District investigation, any other information that it considers relevant to the Application, and any recommendation from any membership committee, as the case may be;
- (viii) acknowledges that the EMSA shall be authorized and entitled to consider whether or not, in its sole and exclusive discretion, acting reasonably:
 - (a) the Application and the Member's supporting documents and submissions establish a fair and reasonable plan for operating an expanded soccer organization within the District;
 - (b) the approval of the Application will not have any material adverse effect on any existing Clubs;
 - (c) there is sufficient demand within the community to accommodate the proposed Change in Status within the District;
 - (d) there are rational grounds to accommodate the proposed Change in status within the District;
 - (e) the Member's technical plan and the qualifications of its coaches and technical staff is reasonably satisfactory and will promote the development of players, coaches, and referees, as the case may be;
 - (f) the Member has established reasonable measures to protect the health and safety of all participants, including players, coaches, referees, staff and members;
 - (g) the Member will be able to pay its registration fees, fines, debts and bonds and meet its general debts and liabilities in the ordinary course of business; and
 - (h) the approval of the Application will result in a net beneficial gain to the promotion and development of the game of soccer within the District.

The EMSA shall have “just cause” to deny a Change in Membership Status if the Application Form is incomplete, in any material regard, if the Application Fee is not paid, if the Member`s submissions are unsatisfactory in any material respect, if the Application fails to satisfy any one or more of the standards as prescribed by its Published Rules and Regulations, or for any other valid and justifiable reason.

Please complete the following to confirm the Club`s official mailing address. All mail from EMSA, Ontario Soccer, etc., will be sent to this address.

Club/Organization Mailing Address & Contact Person

_____	Soccer Club/ Organization
_____	Mailing Address

_____	Telephone No.
_____	Fax No.
_____	Name of Contact Person
_____	Address of Contact Person (if different from the Club/ Organization)

_____	E-Mail Address
_____	Day No.
_____	Evening No.
_____	Cell No.

Club/Organization Contact: The Club/Organization Contact should be a person available to take phone calls and faxes, day or evening, at work or at home, to receive messages related to Club/Organization business requiring prompt attention.

The Undersigned Applicant / Member hereby submits this Application, confirms that it is accurate and complete, and agrees to all terms and conditions described herein.

Name of Member _____

Signed: _____ c/s

Print Name: _____

Date: ____ / ____ / 20____ (Month, Day, Year)

Position: _____

Name of Member _____

Signed: _____

Print Name: _____

Date: ____ / ____ / 20____ (Month, Day, Year)

Position: _____

I have authority to bind the Member Club/ Organization

For Office Use Only

This Application was received on ____ / ____ / 20____(Month, Day, Year)

This Application was _____ approved/ _____ denied on ____ / ____ / 20____(Month, Day, Year)

Notice of the Decision was sent on ____ / ____ / 20____(Month, Day, Year)

ELGIN MIDDLESEX SOCCER ASSOCIATION

Per:

_____/_____/20____(Month, Day, Year)
Signature of Authorized Signing Officer

Name & Title

APPLICATION CHECKLIST

Each Applicant must submit in one complete and sequentially numbered package, the following documents, statements and information:

Check box(es) if completed

1. A duly completed Application Form;
2. Change in Status Application Fee (\$250.00); **Non Refundable**
3. A Statement of the Member's rationale and justification for changing its membership category, including planned age groups, number of teams, etc.;
4. a statement of the Applicant's position on their potential impact on existing Clubs and copies of any available letters of support and a declaration stating what efforts the Applicant made to contact existing Clubs regarding any potential impact;
5. a statement confirming the availability of fields or indoor facilities from the Applicant, the Parks and Recreation Department of the local municipality in which the Club will be operating, or from any private corporation or educational facility that owns or controls the designated fields or facilities;
6. A Statement describing the Member's technical plan regarding referee, coach, and player development and a list of the qualifications of all of its existing or proposed coaches (***applies to all youth clubs***);
7. A Statement concerning whether or not it is offering programs that are presently unavailable in the District and a description of such programs;
8. A Statement concerning the measures that the Member has taken to ensure the health and safety of its players, coaches, referees, staff and members;
9. If the Change in Status involves the commencing the operation of a house league program, written confirmation from the Applicant and from a certified game official stating that they have been appointed and have agreed to serve as the Applicant's Head Referee for the first year of operation; (Please indicate the name of the Head Referee and their Ontario Soccer No.)

10. If the Change in Status involves the commencing the operation of a house league program, written confirmation from the Applicant and from a certified discipline chair stating that they have been appointed and have agreed to serve as the Applicant's Club Discipline Chair for the first year of operation; (Please indicate the name of the Certified Discipline Chair and their Ontario Soccer No.)

11. A reasonable and satisfactory three year business plan describing its anticipated revenues and expenses.