

Elgin Middlesex Soccer Association

BMO Centre
295 Rectory Street
London, ON N5Z 0A3

Phone: 519-668-2391
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website: www.emsadistrict.com

LEAGUE MEMBERSHIP RENEWAL - 2022

This renewal must be received fully completed on or before February 15th

Renewals received on or between March 1 & March 15th will have a fine of \$50 applied

Renewal received from March 16th onwards, membership with EMSA may be terminated

Reconsideration for reinstatement will be heard by EMSA Board at one of its regular meetings accompanied by a reinstatement of \$250

NAME OF LEAGUE _____ LEAGUE NUMBER: _____

LEAGUE E-MAIL : _____ LEAGUE AGM: _____

We the above named Members agree to abide by the Governing Documents of Ontario Soccer & the District Association (DA), & to abide by the decisions made by the DA's Board of Directors elected to act on its behalf

President Name: _____ Signature: _____

Date: _____ For Season: _____

Please complete the sections below for officers of your organization. All information is required for insurance purposes. "Only those officers that appear on this first page will have the authority to do business with the EMSA Office. Signatures & DOBs required. Signature indicates that you agree to receive email notifications of our programs & updates. Your information will not be shared outside EMSA, OS or CSA

LEAGUE CONTACT FOR MAILINGS	Birthdate: Y__M__D__
NAME: _____	SEOS #: _____
ADDRESS: _____	Phone: _____
CITY: _____ POSTAL CODE: _____	E-mail: _____
SIGNATURE: _____	

PRESIDENT	Birthdate: Y__M__D__
NAME: _____	SEOS #: _____
ADDRESS: _____	Phone: _____
CITY: _____ POSTAL CODE: _____	E-mail: _____
SIGNATURE: _____	

SECRETARY	Birthdate: Y__M__D__
NAME: _____	SEOS #: _____
ADDRESS: _____	Phone: _____
CITY: _____ POSTAL CODE: _____	E-mail: _____
SIGNATURE: _____	

TREASURER	Birthdate: Y__M__D__
NAME: _____	SEOS #: _____
ADDRESS: _____	Phone: _____
CITY: _____ POSTAL CODE: _____	E-mail: _____
SIGNATURE: _____	

REGISTRAR	Birthdate: Y__M__D__
NAME: _____	SEOS #: _____
ADDRESS: _____	Phone: _____
CITY: _____ POSTAL CODE: _____	E-mail: _____
SIGNATURE: _____	

OTHER:	Birthdate: Y__M__D__
NAME: _____	SEOS #: _____
ADDRESS: _____	Phone: _____
CITY: _____ POSTAL CODE: _____	E-mail: _____
SIGNATURE: _____	

OTHER	Birthdate: Y__M__D__
NAME: _____	SEOS #: _____
ADDRESS: _____	Phone: _____
CITY: _____ POSTAL CODE: _____	E-mail: _____
SIGNATURE: _____	