

Elgin Middlesex Soccer Association

BMO Centre
295 Rectory Street
London, ON N5Z 0A3

Phone: 519-668-2391
e-mail: emsada@rogers.com
website: www.emsadistrict.com

LEAGUE MEMBERSHIP RENEWAL

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

NAME: _____
ADDRESS: _____
CITY: _____ POSTAL CODE: _____
SIGNATURE: _____

Birthdate: Y__M__D__
SEOS #: _____
Phone: _____
E-mail: _____

PRESIDENT

NAME: _____
ADDRESS: _____
CITY: _____ POSTAL CODE: _____
SIGNATURE: _____

Birthdate: Y__M__D__
SEOS #: _____
Phone: _____
E-mail: _____

SECRETARY

NAME: _____
ADDRESS: _____
CITY: _____ POSTAL CODE: _____
SIGNATURE: _____

Birthdate: Y__M__D__
SEOS #: _____
Phone: _____
E-mail: _____

TREASURER

NAME: _____
ADDRESS: _____
CITY: _____ POSTAL CODE: _____
SIGNATURE: _____

Birthdate: Y__M__D__
SEOS #: _____
Phone: _____
E-mail: _____

REGISTRAR

NAME: _____
ADDRESS: _____
CITY: _____ POSTAL CODE: _____
SIGNATURE: _____

Birthdate: Y__M__D__
SEOS #: _____
Phone: _____
E-mail: _____

OTHER:

NAME: _____
ADDRESS: _____
CITY: _____ POSTAL CODE: _____
SIGNATURE: _____

Birthdate: Y__M__D__
SEOS #: _____
Phone: _____
E-mail: _____

OTHER

NAME: _____
ADDRESS: _____
CITY: _____ POSTAL CODE: _____
SIGNATURE: _____

Birthdate: Y__M__D__
SEOS #: _____
Phone: _____
E-mail: _____