



Elgin-Middlesex Soccer Association

540 Clarke Road, Unit #7, London, Ontario N5V 2C7

Telephone: (519) 668-2391 Fax: (519) 668-1898

NEW CLUB MEMBERSHIP APPLICATION - 2010

Note: A \$50.00 application fee and a copy of your Club Constitution
MUST be submitted with the application

Name of Organization: _____

Club #: _____

CLUB WEBSITE: www. _____

CLUB e-MAIL: _____

We the above named organization, hereby apply for membership in the ELGIN-MIDDLESEX S.A.. In so doing, we make the following declaration; We the above named organization agree to abide by the constitution, by-laws, rules and regulations of the Elgin Middlesex S.A and the Ontario Soccer Association.

Signed on behalf of the above organization: _____

Position(President) _____

Print Name: _____

Date: _____

Please complete the sections below for all officers of your organization. All communications will be directed to the person indicated as the **Contact person for the Club. List only one mailing contact per membership. *SIGNATURES REQUIRED* all info required for insurance purposes

Position: ** CLUB CONTACT FOR MAILINGS OR P.O. BOX	Birthdate: M /D /Y
Name: **	Phone: _____
Address: _____	Fax: _____
Town/City: _____ Postal Code: _____	OSA#: _____
Signature: _____	e-mail: _____

Position: PRESIDENT	Birthdate: M /D /Y
Name: _____	Phone: _____
Address: _____	Fax: _____
Town/City: _____ Postal Code: _____	OSA#: _____
Signature: _____	e-mail _____

Position: SECRETARY	Birthdate: M /D /Y
Name: _____	Phone: _____
Address: _____	Fax: _____
Town/City: _____ Postal Code: _____	OSA#: _____
Signature: _____	e-mail _____

Position: TREASURER	Birthdate: M /D /Y
Name: _____	Phone: _____
Address: _____	Fax: _____
Town/City: _____ Postal Code: _____	OSA#: _____
Signature: _____	e-mail _____

Position: REGISTRAR	Birthdate: M /D /Y
Name: _____	Phone: _____
Address: _____	Fax: _____
Town/City: _____ Postal Code: _____	OSA#: _____
Signature: _____	e-mail _____

Position: _____

Birthdate: M / D / Y _____

Name: _____

Phone: _____

Address: _____

Fax: _____

Town/City: _____ Postal Code: _____

OSA#: _____

Signature: _____

e-mail _____

Position: _____

Birthdate: M / D / Y _____

Name: _____

Phone: _____

Address: _____

Fax: _____

Town/City: _____ Postal Code: _____

OSA#: _____

Signature: _____

e-mail _____

Position: _____

Birthdate: M / D / Y _____

Name: _____

Phone: _____

Address: _____

Fax: _____

Town/City: _____ Postal Code: _____

OSA#: _____

Signature: _____

e-mail _____

Position: _____

Birthdate: M / D / Y _____

Name: _____

Phone: _____

Address: _____

Fax: _____

Town/City: _____ Postal Code: _____

OSA#: _____

Signature: _____

e-mail _____

Position: _____

Birthdate: M / D / Y _____

Name: _____

Phone: _____

Address: _____

Fax: _____

Town/City: _____ Postal Code: _____

OSA#: _____

Signature: _____

e-mail _____

Position: _____

Birthdate: M / D / Y _____

Name: _____

Phone: _____

Address: _____

Fax: _____

Town/City: _____ Postal Code: _____

OSA#: _____

Signature: _____

e-mail _____

