

# Elgin Middlesex Soccer Association

BMO Centre  
295 Rectory Street  
London, ON N5Z 0A3

Phone: 519-668-2391  
E-mail: [emsada@rogers.com](mailto:emsada@rogers.com)  
website: [www.emsadistrict.com](http://www.emsadistrict.com)

## CLUB MEMBERSHIP RENEWAL

This renewal must be received at or before the Annual General Meeting. A \$50 Re-application fee and \$25 fine is charged if received after the EMSA AGM.

NAME OF CLUB \_\_\_\_\_ CLUB NUMBER: \_\_\_\_\_  
CLUB WEBSITE \_\_\_\_\_ CLUB E-MAIL: \_\_\_\_\_  
CLUB AGM DATE: \_\_\_\_\_

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 mentioned organization agree to abide by the constitution, by-laws, rules and regulations of the Elgin Middlesex S.A., the Ontario Soccer Association and the Canadian Soccer Association.

Position: (President): \_\_\_\_\_ Signature: \_\_\_\_\_

Date: \_\_\_\_\_ Print Name: \_\_\_\_\_

Please complete the sections below for all officers of your organization. All information is required for insurance purposes \*\*Only those officers that appear on the first page will have authority to do business with the EMSA Office. \*Signatures required\*

<b>CLUB CONTACT FOR MAILINGS</b>	Birthdate: Y__M__D__
NAME: _____	OSA #: _____
ADDRESS: _____	Phone: _____
CITY: _____ POSTAL CODE: _____	
SIGNATURE: _____ E-MAIL _____	

<b>PRESIDENT</b>	Birthdate: Y__M__D__
NAME: _____	OSA #: _____
ADDRESS: _____	Phone: _____
CITY: _____ POSTAL CODE: _____	
SIGNATURE: _____ E-MAIL _____	

<b>SECRETARY</b>	Birthdate: Y__M__D__
NAME: _____	OSA #: _____
ADDRESS: _____	Phone: _____
CITY: _____ POSTAL CODE: _____	
SIGNATURE: _____ E-MAIL _____	

<b>TREASURER</b>	Birthdate: Y__M__D__
NAME: _____	OSA #: _____
ADDRESS: _____	Phone: _____
CITY: _____ POSTAL CODE: _____	
SIGNATURE: _____ E-MAIL _____	

<b>REGISTRAR</b>	Birthdate: Y__M__D__
NAME: _____	OSA #: _____
ADDRESS: _____	Phone: _____
CITY: _____ POSTAL CODE: _____	
SIGNATURE: _____ E-MAIL _____	