

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

CLUB MEMBERSHIP RENEWAL

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

We the above named organization hereby apply for membership in the Elgin Middlesex Soccer Association. In doing so, 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., the Ontario Soccer Association,
and the Canadian Soccer Association

PRESIDENT NAME:	SIGNATURE:
DATE:	FOR SEASON:

Please complete the section below for officers of your organization. All information is required for insurance purposes. Only those officers that appear on this page will have the authority to do club business with the EMSA office. *Signatures and birthdates required*

CLUB CONTACT FOR MAILINGS					
NAME:		BIRTHDATE:	YEAR	MONTH	DAY
ADDRESS:		OSA#:			
CITY:	POSTAL CODE:	PHONE:			
SIGNATURE:		E-MAIL:			

PRESIDENT:					
NAME:		BIRTHDATE:	YEAR	MONTH	DAY
ADDRESS:		OSA#:			
CITY:	POSTAL CODE:	PHONE:			
SIGNATURE:		E-MAIL:			

SECRETARY:					
NAME:		BIRTHDATE:	YEAR	MONTH	DAY
ADDRESS:		OSA#:			
CITY:	POSTAL CODE:	PHONE:			
SIGNATURE:		E-MAIL:			

TREASURER:					
NAME:		BIRTHDATE:	YEAR	MONTH	DAY
ADDRESS:		OSA#:			
CITY:	POSTAL CODE:	PHONE:			
SIGNATURE:		E-MAIL:			

REGISTRAR:					
NAME:		BIRTHDATE:	YEAR	MONTH	DAY
ADDRESS:		OSA#:			
CITY:	POSTAL CODE:	PHONE:			
SIGNATURE:		E-MAIL:			