

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

This renewal must be received fully completed on or before January 15th
Renewals received on or between January 16th & February 15th will have a **fine of \$50 applied**.
Renewals received from February 16th onwards, membership with EMSA will be terminated.
Reconsideration for reinstatement will be heard by EMSA Board at one of its regular meetings accompanied by a **reinstatement fee of \$250**.

NAME OF CLUB: _____ **CLUB #:** _____
CLUB WEBSITE: _____ **CLUB AGM DATE :** _____
CLUB EMAIL: _____

We the above named Member agree to abide by the Governing Documents of Ontario Soccer and the District Association; and to abide by the decisions made by the District Association's Board of Directors elected to act on its behalf.

President Name: _____ **Signature:** _____
Date: _____ **For Season:** _____

Please complete sections below for officers of your organization. All information required for insurance purposes. "Only those officers that appear on this 1st page will have authority to do business with the EMSA Office. *Signatures and DOBs required* **Signature indicates that you agree to receive e-mail notifications of our programs & updates. Your information will not be shared outside EMSA, OS or CSA.**

CLUB CONTACT FOR MAILINGS	D.O.B: Y M D
Name:	OS #:
Address:	Phone #:
City:	Postal Code:
Signature:	E-Mail:

PRESIDENT	D.O.B: Y M D
Name:	OS #:
Address:	Phone #:
City:	Postal Code:
Signature:	E-Mail:

SECRETARY	D.O.B: Y M D
Name:	OS #:
Address:	Phone #:
City:	Postal Code:
Signature:	E-Mail:

TREASURER	D.O.B: Y M D
Name:	OS #:
Address:	Phone #:
City:	Postal Code:
Signature:	E-Mail:

REGISTRAR	D.O.B: Y M D
Name:	OS #:
Address:	Phone #:
City:	Postal Code:
Signature:	E-Mail:

HEAD REFEREE NCCP#:	D.O.B: Y M D
Name:	OS #:
Address:	Phone #:
City:	Postal Code:
Signature:	E-Mail:

TECHNICAL DIRECTOR NCCP#:	D.O.B : Y M D
Name:	OS #:
Address:	Phone #:
City:	Postal Code:
Signature:	E-Mail:

Please note Head Referee and Technical Director's do not have Signing Authority