

# Active (Full) Membership Application

ORGANIZATION INFORMATION		
Organization Name:		
Date Membership was originally granted:		
Contact Individual Name:		
Contact Individual Position:		
Organization Address:		
City & Postal Code:		
Contact Individual Daytime Telephone:		
Contact Individual Mobile Telephone:		
Contact E-mail:		
Please identify which Membership Category this application is for:		
Please Check	Category	Associated Fees
<input type="checkbox"/>	Youth District	As per BC Soccer Program Fee Structure
<input type="checkbox"/>	Adult (Senior) League	As per BC Soccer Program Fee Structure

DEFINITION OF GEOGRAPHICAL AREA OF OPERATION
APPROXIMATE NUMBER OF TEAMS
STATEMENT OF GENDER & AGE CATEGORIES
DEFINITION OF PLAYING SEASON (START DATE & END DATE, INCLUDING PLAY-OFFS)

This application must also include **League/District Constitution** and **League/District Rules and Regulations**

PLEASE PROVIDE US WITH A BRIEF DESCRIPTION OF APPLYING ORGANIZATION



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<b>SUBMISSION INSTRUCTIONS</b>		
Submit to the attention of:	Nicole Laird, Governance and Discipline Coordinator	
Submit via one of the following:	1) Mail	BC Soccer Association Office 250 – 3410 Lougheed Highway, Vancouver, BC, V5M 2A4
	2) Email:	nicolelaird@bcsoccer.net
	3) Fax:	604.299.9610

<b>OFFICE USE ONLY</b>			
Received by:			Date:
Approved by Membership Committee	Yes	No	Date:
Approved by Board of Directors	Yes	No	Date:
Print name of board member or designate			
Signature of board member or designate			
Date:			