



Associate Membership Renewal Application

(Associate Membership is to be renewed annually by March 30th)

OFFICE USE ONLY	
Year Renewing For:	

ORGANIZATION INFORMATION	
Year Membership was Originally Granted:	
Organization Name:	
Organization Address:	
City & Postal Code:	
Organization website:	
Organization Phone Number:	
Organization Email Address:	
Main Contact Name:	
Main Contact Position:	
Main Contact Mobile Phone Number:	
Main Contact Email address:	

PLEASE IDENTIFY WHICH MEMBERSHIP CATEGORY THIS APPLICATION IS FOR:							
PLEASE SELECT ONE	CATEGORY	ADDITIONAL DOCUMENTATION TO BE SUBMITTED WITH THIS APPLICATION					
		Application Fees*	Letter agreeing to abide by BC Soccer's Rules & Regulations	Organization Constitution & Bylaws	Organization / League Rules & Regulations	Letter stating acknowledgement that BC Soccer is not providing insurance and organization agrees to indemnify BC Soccer and its insurance provider	Letter agreeing to only use BC Soccer Registered Referees
<input type="checkbox"/>	Adult League	\$100	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	N/A	<input checked="" type="checkbox"/>
<input type="checkbox"/>	Post-Secondary Institution	\$100	<input checked="" type="checkbox"/>	N/A	N/A	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<input type="checkbox"/>	Fraternal Organization	\$100	<input checked="" type="checkbox"/>	N/A	N/A	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<input type="checkbox"/>	Multi-Sport Organization	\$100	<input checked="" type="checkbox"/>	N/A	N/A	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<input type="checkbox"/>	For-Profit Organization	\$225	<input checked="" type="checkbox"/>	N/A	N/A	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<input type="checkbox"/>	Non-Profit Organization	\$100	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	N/A	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<input type="checkbox"/>	Other	Based on application					

*NOTE: Application fees listed are only for the associate membership application. Once membership is attained, other fees for benefits/services may apply including player/team fees



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LISTING OF COACHES					
Name	Postal Code	Primary Telephone	E-mail	Coach Certification(s) Received	Criminal Record Check on File (Yes or No)

LISTING OF BOARD / STAFF / OFFICER / EXECUTIVE OF APPLYING ORGANIZATION (Minimum of 2 required to have signature)						
Position	Name	City & Postal Code	Primary Telephone	E-mail	Criminal Record Check on File (Yes or No)	Signature

SUBMISSION INSTRUCTIONS		
Submit to the attention of:	Ryan McQuillan, Member Services Coordinator	
Submit via one of the following:	1) Mail	BC Soccer Association Office 250 – 3410 Lougheed Highway, Vancouver, BC, V5M 2A4
	2) Email:	ryanmcquillan@bcsoccer.net
	3) Fax:	604.299.9610

OFFICE USE ONLY			
Received by:		Date:	
Completed Additional Documentation provided	Yes	No	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:			