



Southeast Ontario Soccer Association
1201 Division Street, Kingston Ontario K7K 6X4

Tel 613-546-6642 Fax 613-546-8871
email soccer@kingston.net

Associate Member Application Form

On behalf of the _____, we hereby make application for membership in the Southeast Ontario Soccer Association.

This application must be filed with the District Administrator on or before February 14, 2003 accompanied with the following:

- 1) A revised list of elected and appointed officers with mailing addresses, telephone and email.
- 2) A financial statement for the previous season, dated and signed by the President or Treasurer.
- 3) A copy of your last published Constitution, including any amendments approved since its publication.
- 4) A list of club leagues with contact person, mailing addresses, telephone and email.
- 5) A list of members email addresses the club wishes to have emails sent to.

We the _____, agree to abide by the Constitution of the Southeast Ontario Soccer Association and the decisions made by the Board of Directors elected to act on your behalf.

President:

Name _____
Address _____
City _____
Postal Code _____
Telephone _____
Residence _____
Business _____
Fax _____
Email _____

All information should be sent to:

Name _____
Address _____
City _____
Postal Code _____
Telephone _____
Residence _____
Business _____
Fax _____
Email _____

Date _____

Signature of President _____