



Affiliation Application Form

Montana Youth Soccer

THIS AFFILIATION APPLICATION FORM AND THE REST OF THE SUPPORTING DOCUMENTS IN THE AFFILIATION PACKET MUST BE SUBMITTED TO THE MONTANA YOUTH SOCCER EXECUTIVE DIRECTOR (jeff@montanayouthsoccer.com). THE FULL PROCESS OF APPLYING FOR AFFILIATION WITH MONTANA YOUTH SOCCER IS SET FORTH IN MYSA POLICY 1-300.

ORGANIZATIONAL INFORMATION	
NAME OF ORGANIZATION	ORGANIZATION MAILING ADDRESS
NAME OF PRIMARY CONTACT	PRIMARY CONTACT TITLE
PRIMARY CONTACT EMAIL	PRIMARY CONTACT TELEPHONE

REQUIRED APPLICATION ELEMENTS (Check those included in your application)
<input type="checkbox"/> A COMPLETED AFFILIATION APPLICATION FORM
<input type="checkbox"/> A LETTER TO THE MYSA EXECUTIVE DIRECTOR WHICH SHALL INCLUDE A LIST OF AT LEAST 5 CLUB BOARD MEMBERS
<input type="checkbox"/> A COPY OF THE CLUB'S BYLAWS WITH ALL REQUIREMENTS
<input type="checkbox"/> A COPY OF THE CLUB'S POLICY MANUAL WITH ALL REQUIREMENTS
<input type="checkbox"/> A LIST OF ALL EXPECTED PARTICIPATING TEAMS
<input type="checkbox"/> A LIST OF ALL CERTIFIED REFEREES WITHIN THE CLUB
<input type="checkbox"/> A LIST OF ALL CLUB FIELDS
<input type="checkbox"/> TAX-EXEMPT STATUS ACKNOWLEDGEMENT
<input type="checkbox"/> PROOF OF CONTACT WITH THE MYSA DIRECTOR OF COACHING
<input type="checkbox"/> PROOF OF CONTACT WITH THE MYSA SYRA
<input type="checkbox"/> PROOF OF CONTACT WITH THE MYSA REGISTRAR

STATEMENT OF ACCEPTANCE	
ON BEHALF OF THE ABOVE-NAMED ORGANIZATION, I HEREBY APPLY FOR AFFILIATION WITH MONTANA YOUTH SOCCER. THE ORGANIZATION AND ALL ITS MEMBERS AGREE TO ABIDE BY THE BYLAWS, POLICIES, AND PROCEDURES OF MYSA, INCLUDING THE REGISTRATION OF ALL PLAYERS AND TIMELY PAYMENT OF ALL FEES. I FURTHER CERTIFY THAT I HAVE BEEN DULY AUTHORIZED TO MAKE THIS APPLICATION ON BEHALF OF THE ORGANIZATION.	
SIGNATURE	DATE

MYSA ACTION	
<input type="checkbox"/> APPROVE <input type="checkbox"/> DISAPPROVE	
SIGNATURE	DATE

