



MANITOBA SOCCER ASSOCIATION MEMBERSHIP AFFILIATION APPLICATION



SCHEDULE "A"

AMATEUR SENIOR CLUBS IN AN AFFILIATED MEMBER LEAGUE OR ASSOCIATION

SECTION 1

Please indicate the name of the organization as "(name) Soccer Club."

A **Club** is an organization operating one or more teams under a common executive. An Amateur Club in an affiliated Member League of Association may be approved for affiliation as a Regular Member by the Board at any time, upon submission of the prescribed application form, annual fee and any other information that may be required by the Association.

SECTION 2

Please indicate the name of the Member League or Association in which the Club plays (i.e. Winnipeg Women's Soccer League, Manitoba Major Soccer League, or Manitoba Senior Soccer League).

SECTIONS 3 & 4

Please provide the names, addresses, phone numbers and email addresses of two individuals responsible for the organization. Information will be sent to the person or address that you indicated in Sections 3 or 4. The Association will consider those named on the application form as the owners / officers / executives of record **and as such are recognized as the only persons authorized to act on behalf of said organization.** It is important to provide email addresses as the MSA will communicate through email where possible.

If either of the two are unable to attend the AGM, one of the two Official Delegates named on this form will be required to complete and submit the AGM Alternate Delegate Registration Form at least three working days prior to the Annual General Meeting.

****Note it is the responsibility of the organization to inform the Association in writing of any change in the information provided on the application form.**

SECTION 5

If the Club has an Executive or Board of Directors please list the names on "Schedule B" or attach a list.





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SECTION 6

If incorporated please provide registration number and date of incorporation.

SECTION 7

Affiliation fees and the application form must be submitted by the deadline or late fees will apply. If not submitted the organization may be placed in bad standing and may not be permitted to participate in any activity under the jurisdiction of the Association.

SECTION 8

The Certification must be signed by the officer / owner / executive responsible for the operation and conduct of the organization. The Privacy Consent Form "Schedule C" and the Release/Permission Consent Form "Schedule D" is to be completed and submitted to the MSA.





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**ANNUAL MEMBERSHIP RENEWAL FOR AN AMATEUR SENIOR CLUB IN AN
AFFILIATED MEMBER LEAGUE OR ASSOCIATION**

Membership from May 1, 2011 to April 30, 2012

(Please print) Please refer to the attached "Schedule A" for an explanation on how to complete this application.

SECTION 1

Full Name of Organization: _____

SECTION 2

Name of the League or Association of which you are a member: _____

SECTION 3

President / Owner / Convenor/Official AGM Delegate:

Name: _____ E-mail: _____

Address: _____ Postal code: _____

Phone: Res: _____ Phone: Bus: _____

Fax: _____ Club / Website: _____

Please indicate if you want information sent to this person **Yes** **No**

SECTION 4

Secretary / Contact/Official AGM Delegate: (If different from Section 3).

Name: _____ E-mail: _____

Address: _____ Postal code: _____

Phone: Res: _____ Phone: Bus: _____

Fax: _____

Please indicate if you want information sent to this person **Yes** **No**

Note: The persons named in Section 3 & 4 are the only individuals authorized to act on behalf of the organization.





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The organization named above is responsible for informing the Manitoba Soccer Association in writing of any changes in name and contact information of those named in Section 3 or Section 4 above. **Note that the persons named above will be considered the “Official Delegates” to the Manitoba Soccer Association Annual General Meeting and if neither one is able to attend, one of the above named Official Delegates will be required to complete the AGM Alternate Delegate Registration Form.** (See Schedule A Sections 3 and 4)

SECTION 5

Complete the attached list of Executives of the Club as per “Schedule B”.

SECTION 6

If incorporated please provide registration number _____ Date of incorporation _____

SECTION 7

Membership Fee: \$120.00

Receipt #: _____ Date of Payment: _____

This Membership Application will not be processed unless this Membership Renewal Form and Fee are submitted together to the MSA office. **Please make your cheque payable to the Manitoba Soccer Association.**

DEADLINE FOR SUBMISSION OF THE FORM AND FEE IS MAY 15, 2011.

A Late fee of \$145 will apply after May 15th and a \$170 fee will apply after May 25th.

SECTION 8

In consideration of acceptance of the above named organization into membership, said organization agrees to register all players and Club officials; to abide by the MSA By-Laws, MSA or CSA Rules and Regulations, policies and procedures as established by the Manitoba Soccer Association and/or the Canadian Soccer Association. The organization understands that it and its officials are responsible to the Manitoba Soccer Association for the conduct of its players, officials and spectators. The organization declares that it has no outstanding debts to the Manitoba Soccer Association or any member organization; and hereby certifies that the statements herein are true. The organization agrees to complete the Privacy Consent Form “Schedule C” and the Release/Permission Consent Form “Schedule D” for submission to the Manitoba Soccer Association.

Signature of President / Owner: _____ Date: _____

Signature of Secretary / Contact: _____ Date: _____





**MANITOBA SOCCER ASSOCIATION
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SCHEDULE "B"

EXECUTIVE / BOARD OF DIRECTORS LIST

CLUB NAME: _____

NAME	TITLE	ADDRESS	PHONE	EMAIL





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PRIVACY CONSENT FORM SCHEDULE "C"

If you have indicated on your application that information is to be sent to two contacts please have both contacts sign this form and send in with your application.

I/we _____ and _____ consent to the collection, use and disclosure of my/our personal information as provided on the Manitoba Soccer Association 2011 Membership Application for the following purposes:

- To enable the Manitoba Soccer Association to provide services such as communications regarding events and programs that is relevant to your organization as a member of the Manitoba Soccer Association.
- For the purpose of administering the requirements of the By-laws and Rules and Regulations including Discipline and Appeals of the MSA, members of the MSA and the Canadian Soccer Association.
- The MSA has as its members a number of soccer organizations which offer soccer programs under its auspices such as leagues, associations and clubs. The MSA may disclose personal information provided on this affiliation form to these organizations to facilitate soccer programming and ensure compliance with Rules and Regulations of these members.

Name of Organization: _____ Date: _____

Name 1st Contact (Print): _____ Signature: _____

Name 2nd Contact (Print): _____ Signature: _____

The MSA would like to send your organization information by Email. If you do **not** want us to send information to the e-mail address you have provided on the membership application please indicate below:

Please do not send information to 1st Contact Email address. (Check) _____

Please do not send information to 2nd Contact Email address. (Check) _____





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RELEASE/PERMISSION CONSENT FORM SCHEDULE "D"

To ensure that the Manitoba Soccer Association has accurate information as to whom in your organization, other than the two Official Representatives listed in Section 3 & 4, has additional signing authority for MSA forms, please complete the following.

The forms include, but are not limited to Travel Applications, Guest Player Permission Forms, Host Tournament Applications, Youth to Senior Permits, Bingo Applications.

I, _____ as the Official Representative of the _____ Organization

Agree that the following individuals have signing authority for Manitoba Soccer Association Forms:

Name: _____ Title: _____ Signature: _____

Name: _____ Title: _____ Signature: _____

Name: _____ Title: _____ Signature: _____

Name: _____ Title: _____ Signature: _____

Comments:

(Date)

(Authorized Official Representative Signature)

