



APPLICATION FOR MEMBERSHIP

Official Club Name: _____

applies for membership in the Virginia Youth Soccer Association, Inc.

Please put together an application packet to include all of the following. Completed packets are emailed to: Registrar@vysa.com

1. Provide the names, addresses, phone numbers (home and office), and e-mail addresses for all officials of your organization. *Use the attached form.*
2. List the number of teams your organization has by age group and gender (all male, all female, co-ed).
3. State your principal geographical areas and seasons of play.
4. Identify any sponsorship of your organization, including governmental entities.
5. Attach a copy of your articles of incorporation, constitution, bylaws, rules, and regulations.
6. Provide the name, address, phone numbers (home and office), and e-mail address of one individual to whom all VYSA mailings should be sent.
7. Is your new club: a non-profit organization or a for-profit organization

The annual player registration fees for the seasonal year September 1 through the following August 31

in the amount of: Recreational Players: \$9.00 per player
 Travel Players: 9-11U \$17.00; 12U and older \$22.00 per
 player Travel Team Officials: \$8.00 per activated team
 official

_____ CLUB agrees to abide by the following:

- (1) to provide information about players, coaches, other team officials, and its officials as required by the VYSA Board of Directors, USYSA, and USSF;
- (2) to obtain insurance through VYSA or provide evidence of insurance as required by the VYSA Board of Directors;
- (3) to register all players with VYSA
- (4) to abide by the rules of VYSA, USYSA, and USSF.

Signature of Official Authorized to Sign Application: _____

Title: _____

Date: _____