



Ohio South Youth Soccer Association, Inc.

25 Whitney Drive, Suite 104 Milford, OH 45150
(5 1 3) 5 7 6 - 9 5 5 5



LEAGUE MEMBERSHIP APPLICATION

MEMBER LEAGUE NAME: _____ Recreational or Competitive

PRESIDENT _____ H. PHONE _____ W _____ EMAIL _____

ADDRESS _____ CITY _____ ZIP _____

VICE-PRESIDENT _____ H. PHONE _____ W _____ EMAIL _____

ADDRESS _____ CITY _____ ZIP _____

SECRETARY _____ H. PHONE _____ W _____ EMAIL _____

ADDRESS _____ CITY _____ ZIP _____

TREASURER _____ H. PHONE _____ W _____ EMAIL _____

ADDRESS _____ CITY _____ ZIP _____

OTHER OFFICERS:

NAME & POSITION _____ H. PHONE _____ W _____

EMAIL _____ ADDRESS _____ CITY _____ ZIP _____

NAME & POSITION _____ H. PHONE _____ W _____

EMAIL _____ ADDRESS _____ CITY _____ ZIP _____

NAME & POSITION _____ H. PHONE _____ W _____

EMAIL _____ ADDRESS _____ CITY _____ ZIP _____

NAME & POSITION _____ H. PHONE _____ W _____

EMAIL _____ ADDRESS _____ CITY _____ ZIP _____

WE HEREBY APPLY FOR ANNUAL MEMBERSHIP IN THE OHIO SOUTH YOUTH SOCCER ASSOCIATION, INCORPORATED FOR THE SEASONAL YEAR _____. WE AGREE TO ADHERE TO AND SUPPORT THE OHIO SOUTH YOUTH SOCCER ASSOCIATION CONSTITUTION AND BYLAWS, AND ALL RULES AND REGULATIONS OF THE UNITED STATES SOCCER FEDERATION AND THE UNITED STATES YOUTH SOCCER ASSOCIATION. **WE ARE ENCLOSING OUR \$25.00 ANNUAL FEE WITH THIS FORM.**

SIGNATURE: _____ DATE: _____ TITLE: _____