



Eastern New York State Amateur Soccer Association



League Membership Application

League Name _____

League Address _____

City _____ State _____ Zip _____

Tel #Bus. _____ Tel. # H _____

Fax # _____ e-mail _____

Cellular _____ Other _____

League President Name _____

Address _____

City _____ State _____ Zip _____

Tel # H _____ Tel # Bus _____

Fax # _____ e-mail _____

Cellular _____ Other _____

Is League Inc. Yes _____ No _____ Date Incorporated _____

Date League Founded _____ Number of teams in League _____

Was League Previously Affiliated with USSF Yes _____ No _____ Number of teams in League _____

Names of teams _____

List documents enclosed representing rules and regulations of your league. (These may need adjusting to conform to the rules of ENYSASA)

What is the seasonal year of your league from _____ to _____

Field names (include permits) _____

Do any other leagues register any of your clubs planning to use currently affiliated players?

Yes _____ No _____

Remarks: Please give us pertinent history of your league:

To this form you must attach a separate club registration form for each club in your league.

Date ____ / ____ / ____ Signature of league official _____

Application Fee \$125.00 (Non Refundable)