



New York State West Youth Soccer Association Associate Membership Application Form

(Please Print legibly)

Name of League: _____

District: _____ Date of Filing Application: _____

EIN #: _____ Is this EIN for a Non-profit Corporation in NY State: ___ Yes ___ No

What Bank or Credit Union will the League use? _____
(Name of Bank)

League Mailing Address: _____
(Street)
_____ NY _____
(City) (Zip)

Officers: _____
(Name) (Title)

(Name) (Title)

(Name) (Title)

(Name) (Title)

Telephone Contact: _____
(Name) (Area Code and Number)

Email Contact: _____
(Email Address)

League Website Address: _____

Reviewed and found to be in compliance with NYSWYSA Bylaw requirements listed below:

(NYSW Representative Signature) (Review Date) (Membership Approved Date)

Article II, Section 2 – Admission to Membership

b. Associate Member

Each new Associate Member shall be a soccer league consisting **of a minimum of four(4) teams from at least four(4) different clubs.** A league desiring to become an Associate member of NYSWYSA must submit a written application for membership to the BOD upon a form specified by the State Office. The applicant shall include with the application **copies of its charter or articles of incorporation, bylaws, rules, regulations, and rules of play, and other documents appropriate to understanding the structure and activities of the league.** Following a review of the application and accompanying documents verifying that they comply with NYSWYSA, US Youth Soccer and USSF requirements, election to membership shall be made by resolution adopted by the BOD.