



WESTERN COUNTIES SOCCER ASSOCIATION

2018 ANNUAL MEMBERSHIP RENEWAL / APPLICATION

Please complete the sections below for all of the current officers in your organization. INFORMATION FOR ALL CLUB EXECUTIVE POSITIONS IS MANDATORY FOR OUR RECORDS. We must have this information for these individuals to be covered by the Master Insurance policy.

(*) Starred positions will be included in the club email group file. Additional positions should be added to this list for insurance coverage.

It is the responsibility of the club executive to communicate any pertinent information from WCSA to its members.

We, the executive, of the above named organization, hereby apply for membership in the WESTERN COUNTIES SOCCER ASSOCIATION. In so doing, we make the following declaration. "We, the executive, of the above named organization, agree to abide by the constitution, by-laws and regulations of the Western Counties Soccer Association."

Club Name:						
Club Mailing Address (if applicable):						
Board Position	Name	Address	Town/City	P.C.	Phone	Email
*President						
*Secretary						
*Treasurer						
*Registrar						

Please forward updates to the WCSA office if there are any changes during the year.