

Tennessee Soccer
2009/2010 Membership Application

Name of Organization: _____

Mailing Address: _____

Name of Principal Officer: _____

Complete Address: _____

Telephone Numbers: (hm) _____ (wk) _____

Website address: _____ E-mail: _____

If you are no longer an officer, please pass this form on to the responsible officer.

The following items are necessary for re-affiliation:

- Current list of officers and contact information
- Changes in Constitution and Bylaws
- Re-affiliation fee – **\$100.00 late fee is required after July 1, 2009**

___ A Level (Player Registration) = \$200.00

___ B Level (Referee & Coaches) = \$80.00

___ C Level (Business/Private) = \$50.00

___ D-E Level (Non-profit/Individuals) = \$50.00

Statement of Affiliation

The above name organization does hereby apply for continued membership with Tennessee State Soccer Association. Upon acceptance, we/I do agree to abide by the Constitution Bylaws, Policies, and Procedures of Tennessee State, including registration of all players and payment of fees.

Signature of Principle Officer listed above: _____

Date: _____

For Office Use:

Date Rec'd _____ Ck. # _____ Officers _____ Const./Bylaws _____

Association Officers

Date: ___/___/___ Association: _____ Submitted By: _____

President: _____
Address: _____
City/St./Zip: _____
Home #: _____
Work #: _____
Cell #: _____
E-mail: _____

Treasurer: _____
Address: _____
City/St./Zip: _____
Home #: _____
Work #: _____
Cell #: _____
E-mail: _____

Vice Pres. _____
Address: _____
City/St./Zip: _____
Home #: _____
Work #: _____
Cell #: _____
E-mail: _____

Dir.of Rec. _____
Address: _____
City/St./Zip: _____
Home #: _____
Work #: _____
Cell #: _____
E-mail: _____

Secretary: _____
Address: _____
City/St./Zip: _____
Home #: _____
Work #: _____
Cell #: _____
E-mail: _____

Name: _____
Address: _____
City/St./Zip: _____
Home #: _____
Work #: _____
Cell #: _____
E-mail: _____

Registrar: _____
Address: _____
City/St./Zip: _____
Home #: _____
Work #: _____
Cell #: _____
E-mail: _____

Name: _____
Address: _____
City/St./Zip: _____
Home #: _____
Work #: _____
Cell #: _____
E-mail: _____

Director of Coaches:

Address: _____
City/St./Zip: _____
Home #: _____
Work #: _____
Cell #: _____
E-mail: _____

Risk Management Coordinator:

Address: _____
City/St./Zip: _____
Home #: _____
Work #: _____
Cell #: _____
E-mail: _____