

# Grand Valley Soccer Association Club Membership Application

Club Name \_\_\_\_\_

Contact Name \_\_\_\_\_

Phone(s) \_\_\_\_\_

Address \_\_\_\_\_

Email \_\_\_\_\_

The Contact person will receive all  
correspondence and communications  
from GVSA regarding your application

When was your club founded? \_\_\_\_\_

What geographical area do you serve? \_\_\_\_\_

What is the primary goal of the club? \_\_\_\_\_

Do you have existing teams? \_\_\_\_\_

If **Yes** list ages/genders \_\_\_\_\_

When do you wish to start play in GVSA (Spring or Fall and Year)? \_\_\_\_\_

How will you advertise your tryouts?  
\_\_\_\_\_  
\_\_\_\_\_

How do you plan to form at least four teams for play within GVSA?  
\_\_\_\_\_  
\_\_\_\_\_

Where do you plan to play? (Please list all fields)  
\_\_\_\_\_  
\_\_\_\_\_

Have you contacted a USSF Certified Referee Assignor to assign games? If so, please give his/her name:  
\_\_\_\_\_  
\_\_\_\_\_

The above named club wishes to apply for admission to become a member of the Grand Valley Soccer Association (GVSA) and to enter teams for play within GVSA. We understand our admission to membership is provisional and subject to approval by the GVSA Board of Directors on a year by basis until we are able to form a minimum of four (4) teams per year for play in GVSA.

Our club agrees to abide by all Bylaws, Rules and Regulations of GVSA, the Michigan State Youth Soccer Association (MSYSA), US Youth Soccer (USYSA) and the US Soccer Federation (USSF).

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Name (Printed) and Title

PLEASE ATTACH A LIST OF ALL CLUB OFFICERS (SEE NEXT PAGE)  
ATTACH A LIST OF ALL CLUB BYLAWS, RULES, REGULATIONS AND ANY INCORPORATION DOCUMENTS

Grand Valley Soccer Association  
Club Membership Application  
Club Officials

POSITION \_\_\_\_\_  
NAME \_\_\_\_\_  
ADDRESS \_\_\_\_\_  
\_\_\_\_\_  
PHONE(S) \_\_\_\_\_  
EMAIL \_\_\_\_\_

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