

Michigan State Youth Soccer Association

OFFICIAL MSYSA FORM - LEAGUE AFFILIATION APPLICATION

THIS FORM MUST BE PRINTED OR TYPED AND RETURNED WITH PAYMENT TO THE MSYSA STATE OFFICE AT 9401 GENERAL DRIVE, SUITE 120, PLYMOUTH, MI 48170.

CASH WILL NOT BE ACCEPTED. CHECKS MUST BE MADE PAYABLE TO MSYSA.

FIVE DIFFERENT OFFICERS MUST APPEAR BELOW			
	FAX #:		
TAX ID NUMBER:	WEBSITE:		
LEAGUE OFFICERS:			
PRESIDENT:			
	EMAIL:		
VICE DESIDENT:			
PHONE #:	EMAIL:		
SECRETARY:			
	EMAIL:		
DECICTDAD:			
AUUKESS:			
CITY/STATE/ZIP:	EMAIL.		
PHONE #:	EMAIL:		
TREASURER:			
	EMAIL:		







Michigan State Youth Soccer Association

DELEGATE TO MSYSA:

This individual will receive communications (e.g., mailings, emails) along with the league president. If you do not designate a Delegate, the President will only receive league communications.

DELEGATE:			
PHONE #:	EMAIL:		
OTHER OFFICERS*:			
	may be included as an attachment to this ap	plication.	
NAME:	POSITION:		
PHONE #:	EMAIL:		
	- COUTTO		
		J:	
PHONE #:	EMAIL:		
MSYSA website by using	the "League Login" page. We also unders ficers, a league affiliation update must be	applicable) must be submitted online on the tand that even if there are no changes to our submitted online to MSYSA each seasonal	
	COMMITMENT STATEM	<u>IENT</u>	
are based upon and do n the MSYSA Mission State and any applicable gover	ot conflict with the MSYSA Bylaws. We ag ment, MSYSA Bylaws, MSYSA Rules, Regu nance set forth by US Soccer and US Yout orfeiture of our league's ability to particip	Youth Soccer Association (MSYSA). Our Bylaws tree to adhere to, support, and comply with lations, and Policies, MSYSA Fee Structure, th Soccer. We further understand that failure pate in all state-run, sanctioned, and	
Signature & Title		Date	
For Office Use Only:			
Date Received:	Check Number:	Amount:	



