



Michigan State Youth Soccer Association

OFFICIAL MSYSA FORM – ASSOCIATE MEMBER AFFILIATION REQUEST FORM (Associate Membership- 25-99 players registered in MSYSA events)

_____(Club/LeagueName) is requesting the MSYSA Board of Directors to review the materials enclosed and approve PROVISIONAL Associate Member status into Michigan State Youth Soccer Association.

I understand that this club/league, if provisionally approved, is able to conduct business as an MSYSA league including:

1. Register players, coaches, trainers, managers, etc. directly with MSYSA
2. Insure field locations
3. Certify coaches and team officials for Risk Management
4. Attend meetings of MSYSA

I understand that this league will have no voting privileges if approved as an MSYSA Associate Member.

Once provisionally approved by the MSYSA Board of Directors, league affiliation status will be voted on by the MSYSA membership at the subsequent Annual General Meeting.

I understand that this club/league needs to fulfill the registration requirements within one seasonal year of being approved as an affiliated club/league. If this requirement is not fulfilled, this club/league will become 'Inactive' and forfeit its membership rights. Membership rights will resume when registration requirements are met.

I acknowledge that the following materials must be submitted along with this form in order to be presented to the MSYSA Board:

- ☐ League Affiliation Application
- ☐ League Affiliation Fee (\$50)
- ☐ League Bylaws
- ☐ Introduction Letter to the MSYSA Board of Directors

Signature & Title _____ Date _____



Michigan State Youth Soccer Association

FOR OFFICE USE ONLY

Date Received: _____

Date of Provisional Approval: _____ Date of League Affiliation: _____

