**Bay of Quinte Men’s Soccer League**

**ACTIVE MEMBER APPLICATION FORM**

ON BEHALF OF THE,\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ , WE HEREBY MAKE

APPLICATION FOR MEMBERSHIP IN THE **BAY OF QUINTE MEN’S SOCCER LEAGUE**

THIS APPLICATION MUST BE FILED WITH THE LEAGUE ADMINISTRATOR ON OR

BEFORE – **(Date set at meeting)**

We agree to abide by the rules and constitution of the Bay of Quinte Men’s Soccer League and the decisions made by the board of directors elected to act on your behalf and understand that we are responsible for the conduct and control of our team thru play and management.

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| FIRST CONTACT : (circle one) COACH - MANAGER - ASST. COACH - OTHER  |
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| NAME : |  |
|  |  |
| ADDRESS : |  |
|  |  |
| CITY : |  |  | POSTAL CODE : |  |  |
|  |  |  |  |
| PHONE #: | H: |  | W: |
|  |  |  |
| E-MAIL : |  |
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|  |  |
|  |  |
| SECOND CONTACT : (circle one) COACH - MANAGER - ASST. COACH - OTHER |
|  |
| NAME : |  |
|  |  |
| ADDRESS : |  |
|  |  |
| CITY : |  |  | POSTAL CODE : |  |  |
|  |  |  |  |
| PHONE #: | H: |  | W: |
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| E-MAIL : |  |
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| TEAM SWEATER COLOURS | HOME: |  |
|  |  |  |
|  | AWAY: |  |