



Missouri Youth Soccer Association



Member Organization Form for seasonal year of: fall _____/spring _____

Member Organization: _____

District: _____ **League Number (if applicable):** _____

Website Address: _____

Contact Person: _____

The contact person should be the person that you want all correspondence from MYSA sent to.

Mailing Address: _____

City: _____ **State:** _____ **Zip Code:** _____

Home Phone: (_____) _____ **Cell Phone:** (_____) _____

***Fax Number:** (_____) _____ ***E-Mail Address:** _____

*We must have a fax number and e-mail address for the contact person on your contact list.

Voting Delegate: _____

This person is responsible for being the voting delegate for the MYSA Member Organization at any General Council Meeting and District Meetings.

Address: _____

Address: _____

City: _____ **State:** _____ **Zip Code:** _____

Home Phone: (_____) _____ **Work Phone:** (_____) _____

***Fax Number:** (_____) _____ ***E-Mail Address:** _____

Alternate Voting Delegate: _____

This person is responsible for being the voting delegate for the MYSA Member Organization at any General Council Meeting and District Meetings when the Voting Delegate listed above is not present.

Address: _____

Address: _____

City: _____ **State:** _____ **Zip Code:** _____

Home Phone: (_____) _____ **Work Phone:** (_____) _____

***Fax Number:** (_____) _____ ***E-Mail Address:** _____

At least two (2) different names must appear on this form. Copies of this form will be kept on file with the MYSA State Office, MYSA State Registrar, and the District Commissioner of the MYSA Member Organization. Votes cannot be proxy to individuals not listed on this form.

Signature of MYSA Member Organization President

Date

Missouri Youth Soccer Association
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***Our Board of Directors Elections are held yearly in the month of _____

PRESIDENT: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Phone: H/(____) _____ C/(____) _____ Fax: (____) _____

Email address: _____

VICE PRESIDENT: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Phone: H/(____) _____ C/(____) _____

Email Address: _____

REGISTRAR: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Phone: H/(____) _____ C/(____) _____

Email address: _____

TREASURER: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Phone: H/(____) _____ C/(____) _____ Fax: (____) _____

Email address: _____

SECRETARY: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Phone: H/(____) _____ C/(____) _____ Fax: (____) _____

Email address: _____

LEAGUE REFEREE ASSIGNOR: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Phone: H/(____) _____ C/(____) _____ Fax: (____) _____

Email address: _____

LEAGUE/CLUB ADMINISTRATOR: _____

CLUB Address: _____

City: _____ State: _____ Zip Code: _____

Phone: O/(____) _____ C/(____) _____ Fax: (____) _____

Email address: _____