



# Missouri Youth Soccer Association

## 2008-2009 Member Organization Form



**Member Organization:** \_\_\_\_\_

**District:** \_\_\_\_\_ **League Number:** \_\_\_\_\_

**Website Address:** \_\_\_\_\_

**Contact Person:** \_\_\_\_\_

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

**Address:** \_\_\_\_\_

**City:** \_\_\_\_\_ **State:** \_\_\_\_\_ **Zip Code:** \_\_\_\_\_

**Home Phone:** (\_\_\_\_\_) \_\_\_\_\_ **Work 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.

\_\_\_\_\_  
Signature of MYSA Member Organization President

\_\_\_\_\_  
Date

**Missouri Youth Soccer Association  
2008-2009 Member Organization Form**

\*\*\*Our Board of Directors Elections are held yearly in the month of \_\_\_\_\_

**PRESIDENT:** \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Phone: H/(\_\_\_\_) \_\_\_\_\_ W/(\_\_\_\_) \_\_\_\_\_ Fax: (\_\_\_\_) \_\_\_\_\_

Email address: \_\_\_\_\_

**VICE PRESIDENT:** \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Phone: H/(\_\_\_\_) \_\_\_\_\_ W/(\_\_\_\_) \_\_\_\_\_ Fax: (\_\_\_\_) \_\_\_\_\_

Email Address: \_\_\_\_\_

**REGISTRAR:** \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Phone: H/(\_\_\_\_) \_\_\_\_\_ W/(\_\_\_\_) \_\_\_\_\_ Fax: (\_\_\_\_) \_\_\_\_\_

Email address: \_\_\_\_\_

**TREASURER:** \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Phone: H/(\_\_\_\_) \_\_\_\_\_ W/(\_\_\_\_) \_\_\_\_\_ Fax: (\_\_\_\_) \_\_\_\_\_

Email address: \_\_\_\_\_

**SECRETARY:** \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Phone: H/(\_\_\_\_) \_\_\_\_\_ W/(\_\_\_\_) \_\_\_\_\_ Fax: (\_\_\_\_) \_\_\_\_\_

Email address: \_\_\_\_\_

**LEAGUE REFEREE ASSIGNOR:** \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Phone: H/(\_\_\_\_) \_\_\_\_\_ W/(\_\_\_\_) \_\_\_\_\_ Fax: (\_\_\_\_) \_\_\_\_\_

Email address: \_\_\_\_\_

**LEAGUE ADMINISTRATOR:** \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Phone: H/(\_\_\_\_) \_\_\_\_\_ W/(\_\_\_\_) \_\_\_\_\_ Fax: (\_\_\_\_) \_\_\_\_\_

Email address: \_\_\_\_\_