

## **Application for Merging Affiliations**

This form must be completed and submitted with all required documentation to the FYSA State Office at least 30 days prior to the next scheduled EC/BOD meeting.

Contact Person (s) (Agent of Record)	
Email Address	
Mailing Address	
City	State Zip
Phonel	Fax
Items below must accompany completed form:  1. Letter signed by current President and Secr  2. Must furnish FYSA a copy of the proposed	•
Youth Soccer Association, US Youth Socce	By-laws, Rules and Regulations of Florida er, and the United States Soccer Federation e that may be enacted in the future.
Youth Soccer Association, US Youth Socce	er, and the United States Soccer Federation e that may be enacted in the future.
Youth Soccer Association, US Youth Socce now in affect, as well as all of those	er, and the United States Soccer Federation e that may be enacted in the future.  Date  A's BOD, the above named Agent of Record complete a current affiliation form listing
Youth Soccer Association, US Youth Soccer now in affect, as well as all of those  Signed  Once this Application has been approved by FYSA may obtain the new online log on and password to	Per, and the United States Soccer Federation e that may be enacted in the future.  Date