



**FLORIDA
YOUTH
SOCCER
ASSOCIATION**

New Associate Affiliate Application

League _____ Other (Specify) _____

This form must be completed and submitted with all required documentation to the District Commissioner in the district you request registration.

Name of Organization _____

Contact Person (Agent of Record) _____

Email Address _____

Mailing Address _____

City _____ State _____ Zip _____

Phone _____ Fax _____

Items below must accompany application:

1. Fee \$135 affiliation,
2. Completed Volunteer registration form for Agent of Record, members of the Board of Directors, and any additional representatives for this associate affiliation.
3. A copy of the applicant's by-laws, rules and/or regulations.

We agree by application to follow all of By-laws, Rules and Regulations of Florida Youth Soccer Association, US Youth Soccer, and the United States Soccer Federation now in affect, as well as all of those that may be enacted in the future.

Signed _____ Date _____

Once this Application has been approved by FYSA's BOD, the above named Agent of Record may obtain an online log on and password to complete a current affiliation form listing additional agents for the affiliate and other necessary information.

Approved by FYSA's BOD _____ Date _____
Affiliate Code (assigned by FYSA) _____

Associate Affiliate members may not register players or coaches.