

MEMBER RENEWAL FORM

MEMBERSHIP ORGANIZATIONS ARE REMINDED TO COMPLETE THIS FORM AND SEND ANY FUNDS DUE TO VSA BY OCTOBER 26th, 2019.

PLEASE IDENTIFY WHICH MEMBERSHIP CATEGORY THIS APPLICATION IS FOR:

PLEASE CHECK	REGULAR MEMBER (Zone Member)	ENTITY MEMBER (Non-Zone Member)
		,
ORGANIZATION INFO		
ORGANIZATION NAME		
MAILING ADDRESS		
TOWN/CITY	POSTAL CODE	
PHONE		
E-MAIL & WEBSITE ADDRES	SS	
NAME ENTITY ASSOCIATED	D WITH YOUR ORGANIZATION	
CONTACT 1 - The main	n contact that VSA will correspond with for your organi	ization
NAME & POSITION		
ADDRESS		
TOWN/CITY	POSTAL CODE	
PHONE	CELL PHONE	
E-MAIL		
CONTACT 2 - The seco	ondary contact that VSA will correspond with for your	organization
NAME & POSITION		
ADDRESS		
TOWN/CITY	POSTAL CODE	
PHONE	CELL PHONE	
E-MAIL		
PLEASE ATTACH:	DIDECTORS STATE AND CONTACT INFORMATION	

- CURRENT BOARD OF DIRECTORS, STAFF AND CONTACT INFORMATION
- * MINUTES FROM LAST ANNUAL GENERAL MEETING including ANNUAL FINANCIAL STATEMENT
- * ATTACH BYLAWS AND/OR ANY AMENDMENTS TO EXISTING BYLAWS

SEND TO VSA AT

E-MAIL VSAinfo@ValleySoccer.ca

MAIL PO Box 931 Warman, SK S0K 4R0