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*Affiliated with US Youth Soccer, United States Soccer Federation, Inc  
Federation Internationale de Football Association*

## New York State West Youth Soccer Association

### Associate Membership Application Form

*(Please print legibly)*

Name of League: \_\_\_\_\_

District: \_\_\_\_\_ Filing Date of Application: \_\_\_\_\_

Mailing Address: \_\_\_\_\_  
*(Street)*

\_\_\_\_\_ NY \_\_\_\_\_  
*(City) (ZIP)*

Officers: \_\_\_\_\_  
*(Name) (Title)*

\_\_\_\_\_  
*(Name) (Title)*

\_\_\_\_\_  
*(Name) (Title)*

\_\_\_\_\_  
*(Name) (Title)*

Telephone Contact Information:

\_\_\_\_\_  
*(Name) (Number)*

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

League Website Address: \_\_\_\_\_

**Reviewed (and found to meet the NYSWYSA Bylaws requirements listed below) by:**

\_\_\_\_\_  
*(BOD Representative Signature)*

\_\_\_\_\_  
*(Date)*

#### **Article II, Section 2 - Admission to Membership .**

b. Associate Member.

Each new Associate Member shall be a soccer league consisting **of a minimum of four (4) teams – from at least four (4) different clubs.** A league desiring to become an Associate member of NYSWYSA must submit a written application for membership to the BOD upon a form specified by the State Office. The applicant shall include with the application **copies of its charter or articles of incorporation, bylaws, rules, regulations, any rules of play, and other documents appropriate to understanding the structure and activities of the league.** Following a review of the application and accompanying documents verifying that they comply with NYSWYSA, US Youth soccer and Federation requirements, election to membership shall be made by resolution adopted by the BOD.