

APPLICATION FOR AFFILIATION

This Application for Affiliation and all supporting documentation must be submitted to the LSA Office. The process of applying for affiliation with Louisiana Soccer Association is set forth in LSA Policy 202 as shown on the LSA website *PlayLouisianaSoccer.org*.

Name of Organization: Type of Organization: Corporation (for profit) Non-profit Corporation (501 (c)3) Limited Liability Company Governmental Body Other (please explain)	
Name	e of Principal Officer: Title:
Mem	bership desired: O Full Affiliation O Qualified Outreach Program (see: QOP Addendum) Associate Affiliation
\bigcirc	ollowing items must be furnished prior to approval of membership. Check those included with this application: Application Fee in the amount of \$75.00 and First Year Affiliation Fee in the amount of \$50.00. Checks are to be made payable to Louisiana Soccer Association.
\circ	Proof your organization is duly registered with the State of Louisiana. If your organization is a governmental body in Louisiana, a statement reflecting that status on the organization letterhead shall suffice.
\bigcirc	Documentation indicating your organization has a governing body such as a Board of Directors. The Governing Body must agree to uphold the LSA Policies and Bylaws.
\bigcirc	A copy of the Organization's Constitution or By-laws. If your organization is a governmental body, adopted and printed Guidelines indicating affiliation with LSA is within the authority of the organization will suffice.
\bigcirc	A List of all of the Directors and Officers of the organization together with contact information for each.
\bigcirc	A list of the fields the organization intends to use specifying the address and the number and size of fields at each complex.
\bigcirc	Copies of any and all agreements with the owners of the fields or written proof of field availability through the current seasonal year and general description of area to be serviced by the club.
\bigcirc	Proof of Contact with the State Referee Committee Chairman indicating that your organization has soccer referees in numbers sufficient to serve your teams. The Proof of Contact must also indicate that the Organization intends to hold referee clinics in your area. Visit <i>PlayLouisianaSoccer.org</i> for contact information.
\bigcirc	Proof of Contact with Louisiana Soccer Association's Technical Director, Bryan Thorp, indicating your organization's intent to hold coaching clinics in your area. <u>Bryan@lsa-soccer.org</u> (225) 766-0577 Ext 102
\bigcirc	Proof of contact with the LSA Registrar to establish a place and time prior to the State Council meeting at which affiliation shall be ratified to review all player registration policies and procedures.
\bigcirc	A Statement of Need describing the specific need of the organization as that need relates to the existence of other LSA Affiliates in the immediate geographic area.
State	ement of Acceptance
On be	ehalf of the above-named Organization, I hereby apply for membership with Louisiana Soccer Association. The organization of its members agree to abide all of the Bylaws, Policies, and procedures of LSA, including registration of all players and ent of all fees. I further certify that I have been duly authorized to make this application on behalf of the Organization.
Signa	ture of Principal Officer Date:

Mail or Deliver this Application and all fees, attachments and supporting documentation to: Louisiana Soccer Association, 475 Gardere Lane, Baton Rouge, LA 70820