

TO BE COMPLETED AND RETURNED TO: SECRETARY, THE SCOTTISH AMATEUR FOOTBALL ASSOCIATION, HAMPDEN PARK, GLASGOW G42 9DB, ON OR

BEFORE **20<sup>th</sup> MARCH**, WITH SUBSCRIPTION OF £175.00 INCLUSIVE OF V.A.T.

THE SCOTTISH AMATEUR FOOTBALL ASSOCIATION

APPLICATION FOR AFFILIATION - SEASON 2015

NAME OF LEAGUE/ASSOCIATION.....

Name of Secretary .....

Address .....

.....

Postcode ..... Telephone No. (H).....

Email ..... (M).....

(B).....

Name of President/Chairman.....

Address .....

.....

Post Code ..... Telephone No. (H).....

Email ..... (M).....

(B).....

1st Delegate to Council ..... 2nd Delegate .....

Address ..... Address .....

.....

Post Code ..... Post Code .....

Email ..... Email .....

Telephone No (H) ..... Telephone No (H) .....

Telephone No (M)..... Telephone No (M) .....

Telephone No (B)..... Telephone No (B).....

Club to which Delegate is attached..... Club to which Delegate is attached .....

I,..... hereby apply on behalf of the above organisation for membership of The Scottish Amateur Football Association. It is clearly understood that all the rules and decision of that Association must be strictly adhered to and that the rules of this organisation, A COPY OF WHICH IS ENCLOSED HEREWITH, cannot be enforced or altered until approved by The Scottish Amateur Football Association.

Date..... Signature.....

1. Does your Association/League operate Summer Football? 

Yes	No
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2. Does your Association/League operate on a Sunday? 

Yes	No
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3. If YES indicate details 

Completely	Partly
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Please delete which parts do not apply.

The league is required to submit a list of its office bearers

Any amendments to this list during the season must be notified to the National Secretary

**Note: The form should be completed in block capitals**

Name:	Name:
Address:	Address:
	Post Code:
Post Code:	E-Mail:
E-Mail:	Date of Birth:
Date of Birth:	Phone Number:
Phone Number:	Mobile:
Mobile:	Position:
Position:	Post Code:
Signature:	Signature:
Name:	Name:
Address:	Address:
E-Mail:	E-Mail:
Date of Birth:	Date of Birth:
Phone Number:	Phone Number:
Mobile:	Mobile:
Position:	Position:
Post Code:	Post Code:
Signature:	Signature:
Name:	Name:
Address:	Address:
E-Mail:	E-Mail:
Date of Birth:	Date of Birth:
Phone Number:	Phone Number:
Mobile:	Mobile:
Position:	Position:
Post Code:	Post Code:
Signature:	Signature:
Name:	Name:
Address:	Address:
E-Mail:	E-Mail:
Date of Birth:	Date of Birth:
Phone Number:	Phone Number:
Mobile:	Mobile:
Position:	Position:
Post Code:	Post Code:
Signature:	Signature:
Name:	Name:
Address:	Address:
E-Mail:	E-Mail:
Date of Birth:	Date of Birth:
Phone Number:	Phone Number:
Mobile:	Mobile:
Position:	Position:
Post Code:	Post Code:
Signature:	Signature: