

# THE SCOTTISH AMATEUR FOOTBALL ASSOCIATION

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

ON OR BEFORE 1<sup>st</sup> JULY, WITH SUBSCRIPTION OF £175.00 INCLUSIVE OF V.A.T.

## APPLICATION FOR AFFILIATION - SEASON 2015/2016

NAME OF LEAGUE/ASSOCIATION.....

Name of Secretary.....

Address .....

.....

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

E-mail ..... (B).....

(M).....

Name of President/Chairman.....

Address .....

.....

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

E-mail ..... (B).....

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

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

.....

Postcode..... Postcode .....

E-mail..... E-mail.....

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

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
2. Does your Association/League operate on a Sunday
3. If YES indicate details.

**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:
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: