

# SCOTTISH AMATEUR FOOTBALL ASSOCIATION

TO BE FULLY COMPLETED AND RETURNED TO:-  
SECRETARY, SCOTTISH AMATEUR FOOTBALL ASSOCIATION, HAMPDEN PARK, GLASGOW G42 9DB  
ON OR BEFORE 1<sup>st</sup> JULY, WITH SUBSCRIPTION OF THE FOLLOWING: -

£70.00 FOR MAXIMUM OF 45 CLUB MEMBERS  
£80.00 FOR MAXIMUM OF 85 CLUB MEMBERS  
£100.00 FOR A MAXIMUM OF 150 CLUB MEMBERS

## FORM OF APPLICATION FOR MEMBERSHIP FOR SEASON 2015/2016

On behalf of ..... Football Club

I,.....Secretary, make application for Membership of the SCOTTISH AMATEUR FOOTBALL ASSOCIATION and undertake to observe the Rules of the Association. I understand that the only body which can reinstate a professional to amateur is the SCOTTISH FOOTBALL ASSOCIATION and that regrading as a junior or juvenile does not make a professional an amateur.

Date ..... 2015. Secretary's Signature .....

### Please supply all the following particulars (*all in block letters*):-

1. Name of Club .....
2. Name of Secretary .....
- Address .....
- .....
- ..... Postcode .....
- E-mail ..... Telephone (Bus) .....
- Telephone (H) ..... Telephone (M).....
3. (a) Name and Situation of Ground .....
- (b) Is Ground Private or Public? .....
4. Club Colours .....
5. No. of teams your Club proposes to run .....
6. No. of members in your club .....
7. Name the Associations/Leagues you intend to compete in stating the order of priority .....
- .....
8. Name of Region .....

Clubs desiring to compete in cup competitions should also complete separate entry forms and remit with additional fees as under:-

THE SCOTTISH AMATEUR CUP..... £15.00

DISTRICT AMATEUR CUPS: East, Fife, Highland, North of Scotland, North of Tay,  
South of Scotland & West ..... £15.00

SUNDAY AMATEUR TROPHY..... £15.00

**If you do not receive a receipt within 28 days, please write directly to the Secretary at the above address.  
CLUBS CAN ONLY ENTER ONE DISTRICT AMATEUR CUP IN ANY SEASON.  
THE SUNDAY AMATEUR TROPHY IS FOR SUNDAY LEAGUE CLUBS ONLY.**

The club is required to submit a list of its office bearers; including team manager(s)  
 Please also indicate which member(s) hold a sports injury certificate  
 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:
Sports Injury Certificate held: <input type="checkbox"/>	Sports Injury Certificate held: <input type="checkbox"/>
Signature:	Signature:
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:
Sports Injury Certificate held: <input type="checkbox"/>	Sports Injury Certificate held: <input type="checkbox"/>
Signature:	Signature:
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:
Sports Injury Certificate held: <input type="checkbox"/>	Sports Injury Certificate held: <input type="checkbox"/>
Signature:	Signature:
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:
Sports Injury Certificate held: <input type="checkbox"/>	Sports Injury Certificate held: <input type="checkbox"/>
Signature:	Signature: