

SCOTTISH AMATEUR FOOTBALL ASSOCIATION

TO BE FULLY COMPLETED AND RETURNED TO:-
SECRETARY, SCOTTISH AMATEUR FOOTBALL ASSOCIATION, HAMPDEN PARK, GLASGOW G42 9DB
ON OR BEFORE **20th MARCH**, 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 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 2016. Secretary's Signature

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

1. Name of Club

2. Name of Secretary

Address

.....

.....

Postcode Email

Telephone (H) (M) (Bus)

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. Name the Associations/Leagues you intend to
compete in stating the order of priority

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7. No. of members in your club

Clubs desiring to compete in Highland Amateur Cup should complete a separate Entry Form and remit with additional fee as under:-

DISTRICT AMATEUR CUP: Highland Amateur Cup £15.00.

If you do not receive a receipt within 28days, 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: