A blue and white logo

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Sarnia, ON N7T 5W6

[www.lambtonkentsoccer.com](http://www.lambtonkentsoccer.com)

519-491-7747

[lksaoffice2022@gmail.com](mailto:lksaoffice2022@gmail.com)

**Active Member Application Form**

On behalf of the : , we hereby apply for active membership in the Lambton-Kent Soccer Association for the year of 20 .

The application for the membership must be filed with the Lambton-Kent Soccer Associations district office, prior to ., and must also include the following:

1. The Club’s headquarters and mailing address
2. The club’s contact person, including address, phone, and email address
3. A list of current Elected and Appointed Officers, including phone number, and email address
4. Payment of all outstanding fees, invoiced prior to .
5. A Financial statement, a, b, c, or d, based on statements of the previous year.
6. *Audited by Public Accountant if club’s annual gross revenue is greater than $100,000 or 1000 registered players.*
7. *Reviewed by a Public Accountant if the club’s revenue is greater than $75,000 or 500 registered players.*
8. *Signed with a notice to reader prepared by a public accountant if revenue is greater than $10,000*
9. *Completed by the treasurer or designate, if the club’s annual gross revenue is less than $10,000*
10. A copy of the last published constitution and/or bylaws. If submitted previously, copies of amendments approved since the last publication.

**Agreement**

In consideration of acceptance of membership in Lambton-Kent Soccer Association, we agree to comply by:

* The Constitution of Lambton-Kent Soccer Association and Ontario Soccer
* All governing documents of Lambton-Kent Soccer Association and Ontario Soccer
* All decisions made by Lambton-Kent Soccer Association’s Board of Directors
* Ontario Soccer and Lambton-Kent Soccer Association’s Policies, including:

-Dispute Resolution policy, Harassment policy, Volunteer Screening policy, and Conflict of Interest policy

**Accepted and agreed, on behalf of the Applicant:**

.

Name of President or Secretary Signature of President or Secretary Date

**Club’s Head Office Address**

Address:

**Club’s Contact Person**

Name:

Phone:

Address:

Email:

**President**

Name: Phone: Email:

**Vice President:**

Name: Phone: Email:

**Secretary:**

Name: Phone: Email:

**Treasurer:**

Name: Phone: Email:

**Registrar:**

Name: Phone: Email:

|  |  |
| --- | --- |
| For District Use Only: |  |
| Date Received: | Official: |