FRASER VALLEY YOUTH SOCCER ASSOCIATION NEW ASSOCIATE MEMBERSHIP APPLICATION

This document provides the criteria to be included within the district:

- Associate

Associate Member:

Criteria for a District Associate Member (AM):

1. No voting rights;
2. Only to provide supplemental training and tournament travel teams;
3. No inclusion within district game play programming, unless approved;
4. AM staff must pass a Criminal Record Check;
5. AM must show they have valid field permits/contracts for their activities;
6. AM must have insurance to cover any requirements outside of the BCSA provided insurance;
7. AM staff coaches must take the same LTPD courses as full members are required to take;
8. AM must show a commitment to the basic principles of the LTPD;
9. Bond of $10,000 of which 50% to be returned on June 30th after the first complete year of successful operations and the balance returned on June 30th after successful completion of Organization operations after the 2nd year.

Application deadline for Secondary Season start – July 15th
Application deadline for Primary Season start is December 15th.

Membership Applications

The Fraser Valley Youth Soccer Association (FVYSA) Executive will strike a committee to review this application. This application must be completed in full and all supporting documents are required to be submitted with this application or it will be deemed incomplete and not reviewed. Should questions arise as a result of the review, the Organization representative who submitted the application will be contacted with the questions and will have 72 hours to respond. Applications should be forwarded to the attention of the (District) Executive Director via email at fraservalleyyouthsoccer@gmail.com.

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ASSOCIATE MEMBER CONTACT INFORMATION

Organization Legal Name:	
Organization Operating Name (If Applicable):	
Contact Individual Name:	
Contact Individual Position:	
Organization Address:	
City & Postal Code:	
Contact Individual Daytime Telephone:	
Contact Individual Mobile Telephone:	
Contact E-mail:	
Organization Website:	

ASSOCIATE MEMBER INFORMATION

In What City Does Your Organization Reside?	
How many teams does your Organization have?	
Please indicate the number of players registered to each team. If necessary, you may provide on a separate sheet of paper. *(You will be asked for proof of registration and payment in order to verify those teams are viable.)*	
Please define the gender of your teams and their age categories. You may supply this information on a separate sheet of paper.	
Will your Organization participate in both the fall/winter and spring/summer seasons?	

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ASSOCIATE MEMBER GOVERNANCE

Please provide a copy of your Organization's Constitution and By-Laws as well as Organization's Rules and Regulations and Operation Manual

A requirement of membership is that all members are registered as a Society with BC Registries. Are you a registered Society with BC Registries?

Yes_____   No_____   N/A_____

If yes, please provide proof of registration, including your society registration number. If no, please explain when and if you will be making application. If you are in the process of applying for registration, please provide proof of application.

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Please provide a brief description of your organization

Please provide a brief description of why you are applying for membership into the FVYSA. How will your organization be unique from the current members in the District?

Please provide your organization's current privacy and harassment policy

FRASER VALLEY YOUTH SOCCER ASSOCIATION NEW ASSOCIATE MEMBERSHIP APPLICATION

Please provide us with your Organization's Contact List – you may provide on a separate sheet of paper.

Position	Contact First Name	Contact Last Name	Contact Mailing Address	Primary Phone	Primary Email	Occupation

Please provide us with your Organization's Staff Contact List – you may provide on a separate sheet of paper.

Position	Contact First Name	Contact Last Name	Contact Mailing Address	Primary Phone	Primary Email

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ORGANIZATION'S FINANCIALS

1. Please provide your organization's most recent financials and year end and note if they have been reviewed by an independent committee.

2. Please provide your organization's budget for the upcoming season and projected budgets for the next two subsequent seasons. You can add/delete rows as necessary or provide on a separate sheet of paper.

Income			
INCOME ITEM 1			
INCOME ITEM 2			
INCOME ITEM 3			
TOTAL INCOME			

Expenses			
EXPENSE 1			
EXPENSE 2			
EXPENSE 3			
EXPENSE 4			
EXPENSE 5			
EXPENSE 6			
EXPENSE 7			
EXPENSE 8			
EXPENSE 9			
EXPENSE 10			
EXPENSE 11			
TOTAL EXPENSES			

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MISCELLANEOUS QUESTIONS

1. Are all your coaches BC Soccer certified for appropriate age levels? If yes, please provide proof of qualifications, if no, how long do you feel your Organization will need to meet the certification requirements?

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2. Please provide a copy of your Risk Management Policy including how you will handle Criminal Record Checks.

3. Do all your coaches, assistants, and general managers have current Criminal Record Checks on file? If no, how do you plan to accomplish this requirement?

Yes_____ No_____

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4. Please provide a copy of your organization's current or proposed Social Media Policy.

5. Please provide a copy of your organization's current or proposed Concussion Policy.

6. Please provide a full plan for facilities including fields and allocation of fields for training and game times.

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7. Please provide any additional information on your organization that you feel may be relevant to its application for membership.

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8. Please provide a written statement that your Organization will adhere to all governing body bylaws and rules and regulations including those of the Fraser Valley Youth Soccer Association, BC Soccer Association, and Canada Soccer and have that signed buy each of your Board Members and Staff.

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9. Interview – Please note that your organization will be invite to one (1) or more interviews in connection with this application.

Application Submitted By:

_____   _____
Organization Representative (Please Print)   Organization Representative (Please Sign)

_____
Date