

OASA AFFILIATION REQUEST FORM

To affiliate a league or indoor center with OASA, please submit this form along with the \$100 annual league affiliation fee.

The affiliation fee must accompany the request form. Forms may be submitted to OASA via email to office@oregonadultsoccer.com, faxed to 503-297-4513, or mailed to OASA with check, money order, or credit card information. Cash payments can be paid in person at the OASA office. If you have any additional questions, please call (503)292-1814.

Date: _____

League Name: _____

By completing this form and submitting the \$100 affiliation fee, our league certifies that we will:

- Use only USSF trained and registered referees.
- Use a USSF trained and registered referee assignor.
- Communicate to all players that they must register with OASA.
- Provide OASA with contact information for each registered team.
- Follow applicable OASA, USASA, USSF and FIFA bylaws, rules, procedures and decisions.

Please fill out all requested information below:

League Information

Address: _____

Phone number(s): _____

Website: _____

Email: _____

Primary contact for legal purposes (see below)

Name: _____

Address: _____

Phone number(s): _____

Email: _____

(This person will become a member of the board of directors of Oregon Adult Soccer Association, Inc., and will have all the duties and responsibilities associated with being a member of the board of a corporation. The name may be posted on the OASA website, but personal contact information will not.)

Secondary Contact

Name: _____

Phone number(s): _____

Email: _____

(Preferably, someone who does not live in the same household and has a different email address from the main contact person. This is needed in case we cannot get ahold of the main contact person. This person will receive all notices but will not become a board member unless the league exceeds 16 teams during its first year of affiliation or unless we are otherwise notified by the main contact person.)

A brief description of the league (for posting on our website and distribution to teams/players upon request):

This should include, but is not limited to, divisions offered (age, gender, skill levels), format of play, league web address and official league contact information.

Payment Information

Please mail a check along with this form to the OASA office, or complete the following credit card information and return the form via fax, mail or email.

OASA accepts American Express, Visa or MasterCard.

Name as appears on the card: _____

Card Number: _____

Expiration Month: _____ Expiration Year: _____

Authorized Signature: _____