

Cosmopolitan Junior Soccer League, Inc.



CLUB MEMBERSHIP APPLICATION

Name of applicant organization: _____

Did you previously operate under a different name? Yes No

If yes, please list previous name: _____

List year in which organization was first founded: _____

List previous league of affiliation: _____

List previous state association in which you were registered: _____

Does your organization have bylaws and a constitution? Yes No

If yes, please attach a copy.

Does your organization have printed stationery? Yes No

If yes, please attach a letterhead.

Does Your organization, under its own name, maintain an account at a banking institution? Yes No

Name of President of Club: _____ Tel.: _____

Street address _____, City _____, State _____ Zip _____

Cell Phone or Office Phone _____ Email: _____

Does your Organization have a web site?

If yes please provide the (url.) address of site _____

Name of Secretary of Club: _____ Tel.: _____

Street address _____, City _____, State _____ Zip _____

Cell Phone or Office Phone _____ Email: _____

Name of Manager of Club: _____ Tel.: _____

Street address _____, City _____, State _____ Zip _____

Cell Phone or Office Phone _____ Email: _____

Are you strictly a soccer organization? Yes No

Do you promote other sports?

If yes, please list: _____

Are You sponsored by a parent organization? Yes No

If yes, please state name and address: _____

What is the purpose of your parent organization? Religious Cultural Fraternal

Political Social Educational

Where are your headquarters? Address: _____
City: _____ State _____ Zip: _____ Tel: _____

Do you own your playing field?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
Do you rent or lease your playing field?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
Do you play in a public/municipal park?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
Do you play in an industrial park?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
Do you play on a school/college field?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>

Address of field: _____
Location of dressing room: _____

Membership meetings are held on _____ day of the month at the following location: _____

How many dues paying members does your organization have? _____

How many registered players does your organization have? _____

How many youth teams do you intend to field? _____

Do you have any other teams playing in another official soccer organization? Yes No

If you are currently registered with another league/association, do you know that you must have a release before being accepted into membership of the C.J.S.L. ? Yes No

Where do you get your youth Players from? _____

Have any of these players been registered during the last season for a club of the Cosmopolitan Junior Soccer League? Yes No

State briefly why you wish to become a member of the Cosmopolitan Junior Soccer League _____

Kindly submit your completed application, along with a \$100.00 non-refundable processing fee, to the Secretary:

Emil Cohill
50-23 59th Place
Woodside, NY 11377

Date: _____

Signed by: _____

Title: _____