S.C.M.L. FORM "A"

SOUTH CHILTERN MINOR LEAGUE.

APPLICATION FOR MEMBERSHIP

(to be received by the Hon. General Secretary no later than 31st. May).

Name of Club:_____

We the undersigned, being the Chairman and Hon. Secretary of the Football Club named above, do hereby on behalf of the members of the said Club, apply for Membership of the SOUTH CHILTERN MINOR LEAGUE for the ……. season.

Enclosed: **Entry Fee (new clubs only)** **£**_____

The teams we wish to enter are:
(list in ascending age groups, under 11 specify mini soccer or youth football)

AGE GROUP	TEAM NAME	GROUND	If new team to league √

Sig: _____ **Sig:** _____
(Chairman) **(Hon. Secretary)**

Print Name: _____ **Print Name:** _____

Hon Secretary's Address: _____

_____

Tel. No. _____

E-Mail _____ **Date:**_____

(Please note that non-attendance at the A.G.M. of a Club applying for Membership may result in that Club not being elected)