

# DUMFRIES SUNDAY AMATEUR FOOTBALL LEAGUE

(AFFILIATED TO THE SCOTTISH AMATEUR FA & SCOTTISH FA LTD)

League Secretary: Ricky Irving, 12 MacDonald Loaning, Heathhall, Dumfries, DG1 3RX: tel (01387) 261 592

## APPLICATION FOR MEMBERSHIP

(Please complete in BLOCK CAPITALS)

On behalf of \_\_\_\_\_ Amateur Football Club

I, \_\_\_\_\_, as **Secretary**, wish to apply for membership of Dumfries Sunday Amateur Football League for season 2011/12.

**Secretary's** Address \_\_\_\_\_ Home Phone \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_ Mobile \_\_\_\_\_  
\_\_\_\_\_ E-mail \_\_\_\_\_  
\_\_\_\_\_  
Post Code \_\_\_\_\_ Signature \_\_\_\_\_

**As Secretary I agree to familiarise myself with, and be responsible for adherence to, all appropriate league rules.**

---

Please give the details of two club members who will act as **MATCH CONTACTS**:

First Contact \_\_\_\_\_ Second Contact \_\_\_\_\_  
Telephone \_\_\_\_\_ Telephone \_\_\_\_\_  
Signature \_\_\_\_\_ Signature \_\_\_\_\_

---

### Club Colours

First Choice \_\_\_\_\_ Shirts \_\_\_\_\_ Shorts \_\_\_\_\_ Socks \_\_\_\_\_  
Change \_\_\_\_\_ Shirts \_\_\_\_\_ Shorts \_\_\_\_\_ Socks \_\_\_\_\_

Any Changes to registered colours during the season must have the prior approval of the Executive Committee

---

### Home Ground

First Choice \_\_\_\_\_ Council/School/Private (delete as appropriate)  
Second Choice \_\_\_\_\_ Council/School/Private (delete as appropriate)

---

**Both Sides of this form must be completed and the form returned to the League Secretary at, or before, the Annual General Meeting.**

Membership may be subject to objection from other members and acceptance cannot be guaranteed.

---

The Club is required to submit a list of its office bearers; including team manager(s)  
Please also indicate which member(s) hold a sports injury certificate

Any amendments to this list during the season must be notified to the League Secretary

Name _____ Address _____ _____ _____ Post Code _____ Position _____ Sports Injury Certificate held <input type="checkbox"/> Signature _____	Name _____ Address _____ _____ _____ Post Code _____ Position _____ Sports Injury Certificate held <input type="checkbox"/> Signature _____
Name _____ Address _____ _____ _____ Post Code _____ Position _____ Sports Injury Certificate held <input type="checkbox"/> Signature _____	Name _____ Address _____ _____ _____ Post Code _____ Position _____ Sports Injury Certificate held <input type="checkbox"/> Signature _____
Name _____ Address _____ _____ _____ Post Code _____ Position _____ Sports Injury Certificate held <input type="checkbox"/> Signature _____	Name _____ Address _____ _____ _____ Post Code _____ Position _____ Sports Injury Certificate held <input type="checkbox"/> Signature _____
Name _____ Address _____ _____ _____ Post Code _____ Position _____ Sports Injury Certificate held <input type="checkbox"/> Signature _____	Name _____ Address _____ _____ _____ Post Code _____ Position _____ Sports Injury Certificate held <input type="checkbox"/> Signature _____