



MEMBERSHIP/AFFILIATION APPLICATION FORM NO. _____

This is a membership/affiliation application form to help clubs with the affiliation process

LSFA Membership/Affiliation Application

Please complete the form to join/affiliate your club with Lagos State Football Association

New Club Membership/Affiliation

1 Club Details Club Contact Details Supporting Documentation Declaration

Club Details

Name of Club or Organization *

Type of Club or Organization *

Please choose only one:

- Voluntary club** - defined as an amateur , non-profit making collective of unpaid personnel whose main purpose is providing football activities and/or competition as a leisure pursuit. This does not exclude any clubs who may fundraise or generate profits which are 100% re-invested in the club.
- Non-Voluntary Club** - defined as any organised body which provides Football activities but does not match the definition of a voluntary club. This body could be a commercial business, a leisure centre or provider, charity or a group running with paid leaders from a sports retailer.
- Virtual Club** - defined as a Club with no designated venue, training base or location. Its membership base will be made up of Footballer from all geographical locations and utilise technology on digital platforms to communicate and provide help, assistance and training plans.




Discipline affiliated for *

Please tick all that apply

- Select All
- Professional Football Club
- Amateur Football Club
- Football Academy
- Coaches Association
- Referees Association
- Corporate Body
- Individual
- Others

List Competition/Tournament/Championship your club wishes to compete in *



500 max character (use additional sheet(s) if necessary)

Club colours – first vest *

Club colours – second vest *

Club venue/main training venue *

Please provide the name and address of your club venue and training venue(s)

Venue declaration *

By ticking this box confirm that your club has permission to use the above venue(s)

- I agree



Lagos State Football Association Club Finder

Please provide the details of your club to be included in the Lagos State Football Association tool available on the Lagos State Football Association website

Venue Name *

This should be your primary club venue, meeting place or training venue. Please do not provide home address details of individuals as we can not display these publicly through the Club finder

Venue Address *

This should be your primary club venue, meeting place or training venue. Please do not provide home address details of individuals as we can not display these publicly through the Club finder

Street Address

Address Line 2

City

Local Government Area

Post Code

Club website Name *

Club contact Name *

First

Last

Club contact email address *



Does your Club participate in 2022/2023 interclub Football competition?

- Yes
- No

League Tournaments Name

If your Club takes part in a League tournament, please provide the name of the League Tournaments

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Football Championships

If your Club takes part in a Football Championships, please provide the name of the Championships

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Members Details

Players Details *

No. of Male Players	No. of Female Players	No. of U20 Players	No. of U17 Players	No. of U13 Players

Coach Details *

Please provide details of the currently licensed and active coaches and their Licenses in your Club.

Chief Coach	Assistant Coach	Assistant Coach II	Coach in Fitness	Trainer/Coach Assistant

Other Official Details (Medical Doctor, Nurses, Physioterapist, Masseures, Sports Psychologist, Stewards,)*

Please provide details of the licensed and active officials in your club.

Assistant Official	Level 1	Level 2	Level 3



Membership/Affiliation Application



Club Details

Club Contact Details

Supporting Documentation

Declaration

Contact Details

Club Secretary full Name *

Club Secretary DOB *

____ // ____ // ____
DD MM YYYY

Club Secretary Sex *

- Male
- Female

Club Secretary Educational Qualification

Club Secretary email address *

Street Address

Address Line 2

City

County

Post Code

Club Secretary contact Number





Club Chairman full Name *

Club Chairman DOB *

____ // ____ // ____
DD MM YYYY

Club Chairman Sex *

- Male
- Female

Club Chairman Education Qualifications

Club Chairman email address *

Street Address

Address Line 2

City

County

Post Code

Club Chairman contact Telephone Number



Club Treasurer/Finance Director full Name *

Club Treasurer DOB *

____ // ____ // ____
DD MM YYYY

Club Treasurer Sex *

- Male
- Female

Club Treasurer Educational Qualifications

Club Treasurer email address *

Street Address

Address Line 2

City

County

Post Code

Club Treasurer contact Telephone Number



Club Welfare Officer /Team Manager full Name *

Club Welfare Officer /Team Manager DOB *

____ // ____ // ____
DD MM YYYY

Club Treasurer Sex *

- Male
- Female

Club Welfare Officer/Team Manager Educational Qualification

Club Welfare Officer email address *

Street Address

Address Line 2

City

County

Post Code

Club Welfare Officer contact Number

New Club Affiliation

Club Details

Club Contact Details

3

Supporting Documentation

Declaration

Application approval minutes *

Minutes of your Club meeting approving application for membership/affiliation

Club Bank Account Details *

Club constitution *

Club Colours *



New Membership/Affiliation

[Club Details](#)

[Club Contact Details](#)

[Supporting Documentation](#)

4

[Declaration](#)

Application approval minutes *

Data Handling Declaration *

I confirm that all personnel detailed in this application consent to sharing their personal data with Lagos State Football Association for data processing in relation to this application. I understand that Lagos State Football Association will use the data to enable access to the LSFA portal for the individuals associated with the application and will invite them to the LSFA portal to update their details

I agree