



INFORMATION FORM for

Section: _____ Area: _____ Region: _____

Copy the appropriate volunteer chain of command (e.g., RC to AD; AD to SD; SD to BL) PLEASE COMPLETE OTHER SIDE

Preferably update in eAYSO or you may mail to the AYSO National Office 19750 S Vermont Ave. Suite 200, Torrance, CA 90502 whenever there is a change in any of the following positions. *Please attach completed volunteer applications for those listed below. (TYPE OR PRINT)*

RC/AD/SD:	Res. Phone:	
Address:	Bus. Phone:	
City/State/Zip:	FAX:	
e-mail:	AYSO:	
Please X the number(s) you would like publicized in the Executive Member Directory: AYSO Number is automatically listed Home <input type="checkbox"/> ... Business <input type="checkbox"/> ... <input type="checkbox"/> FAX		List applicable membership year: MY 20____

Assistant: _____ Res. Phone: (_____) _____
 Address: _____ Bus. Phone: (_____) _____
 City/State/Zip: _____ FAX: (_____) _____
 E-mail: _____ Authorized to Purchase __ No __ Yes

Registrar: _____ Res. Phone: (_____) _____
 Address: _____ Bus. Phone: (_____) _____
 City/State/Zip: _____ FAX: (_____) _____
 E-mail _____ Authorized to Purchase __ No __ Yes

Safety Director: _____ Res. Phone: (_____) _____
 Address: _____ Bus. Phone: (_____) _____
 City/State/Zip: _____ FAX: (_____) _____
 E-mail: _____ Authorized to Purchase __ No __ Yes

Treasurer: _____ Res. Phone: (_____) _____
 Address: _____ Bus. Phone: (_____) _____
 City/State/Zip: _____ FAX: (_____) _____
 E-mail: _____ Authorized to Purchase __ No __ Yes

Child Volunteer Protection Advocate (CVPA): _____ Res. Phone: (_____) _____
 Address: _____ Bus. Phone: (_____) _____
 City/State/Zip: _____ FAX: (_____) _____
 E-mail: _____ Authorized to Purchase __ No __ Yes

Coach Administrator: _____ Res. Phone: (_____) _____
 Address: _____ Bus. Phone: (_____) _____
 City/State/Zip: _____ FAX: (_____) _____
 E-mail: _____ Authorized to Purchase __ No __ Yes

Referee Administrator: _____ Res. Phone: (_____) _____
 Address: _____ Bus. Phone: (_____) _____
 City/State/Zip: _____ FAX: (_____) _____
 E-mail: _____ Authorized to Purchase __ No __ Yes

Management Administrator: _____ Res. Phone: (_____) _____
 Address: _____ Bus. Phone: (_____) _____
 City/State/Zip: _____ FAX: (_____) _____
 E-mail _____ Authorized to Purchase __ No __ Yes

Auditor: _____ Res. Phone: (_____) _____
 Address: _____ Bus. Phone: (_____) _____
 City/State/Zip: _____ FAX: (_____) _____
 E-mail: _____ Authorized to Purchase __ No __ Yes

VIP Administrator: _____ Res. Phone: (_____) _____
 Address: _____ Bus. Phone: (_____) _____
 City/State/Zip: _____ FAX: (_____) _____
 E-mail: _____ Authorized to Purchase __ No __ Yes

Dir Referee Assessment: _____ Res. Phone: (_____) _____
 Address: _____ Bus. Phone: (_____) _____
 City/State/Zip: _____ FAX: (_____) _____
 E-mail: _____ Authorized to Purchase No Yes

Dir Referee Instruction: _____ Res. Phone: (_____) _____
 Address: _____ Bus. Phone: (_____) _____
 City/State/Zip: _____ FAX: (_____) _____
 E-mail: _____ Authorized to Purchase No Yes

Coach Trainer: _____ Res. Phone: (_____) _____
 Address: _____ Bus. Phone: (_____) _____
 City/State/Zip: _____ FAX: (_____) _____
 E-mail: _____ Authorized to Purchase No Yes

Secretary: _____ Res. Phone: (_____) _____
 Address: _____ Bus. Phone: (_____) _____
 City/State/Zip: _____ FAX: (_____) _____
 E-mail: _____ Authorized to Purchase No Yes

Data Entry: _____ Res. Phone: (_____) _____
 Address: _____ Bus. Phone: (_____) _____
 City/State/Zip: _____ FAX: (_____) _____
 E-mail: _____ Authorized to Purchase No Yes

Webmaster: _____ Res. Phone: (_____) _____
 Address: _____ Bus. Phone: (_____) _____
 City/State/Zip: _____ FAX: (_____) _____
 E-mail: _____ Authorized to Purchase No Yes

Developer: _____ Res. Phone: (_____) _____
 Address: _____ Bus. Phone: (_____) _____
 City/State/Zip: _____ FAX: (_____) _____
 E-mail: _____ Authorized to Purchase No Yes

Volunteer Coordinator: _____ Res. Phone: (_____) _____
 Address: _____ Bus. Phone: (_____) _____
 City/State/Zip: _____ FAX: (_____) _____
 E-mail: _____ Authorized to Purchase No Yes

Auth Purchaser: _____ Res. Phone: (_____) _____
 Address: _____ Bus. Phone: (_____) _____
 City/State/Zip: _____ FAX: (_____) _____
 E-mail: _____ Authorized to Purchase No Yes

Auth.Purchaser: _____ Res. Phone: (_____) _____
 Address: _____ Bus. Phone: (_____) _____
 City/State/Zip: _____ FAX: (_____) _____
 E-mail: _____ Authorized to Purchase No Yes

	Bank Name / Institution	Account #	Authorized Signers		Position
			Print Name	Signature	
Checking Acct.			1.	1.	Executive Member
Savings Acct.*			2.	2.	Treasurer
			3.	3.	
Savings Acct.*			4.	4.	

* Authorized signers for savings should be the same as checking. If not, please indicate their name(s) & position(s)