



Player Membership Application

Please complete this form and mail it, along with the application fee, to soccer connector international, 13700 Mapledale Ave, Woodbridge VA 22193. Fax/Off: +1 703 730 1654

First Name: _____ Middle Name: _____ Last Name: _____

Nationality: _____ Place of Birth: _____ Date of Birth: _____

Address: _____ City: _____ State: _____ Zip code: _____

P.O. Box: _____ Phone: _____ E-mail: _____

Position: _____ Weight: _____ Present Club: _____

Video (url): _____

Soccer experience:

I have enclosed the following:

- *The required two samples of my passport size picture, as specified.*
- *A check or money order for \$100, 00(fcfa 50.000), payable to SCI.*
- *(Optional) a one DVD or CD or a link to a YouTube showing you in your team or in a game situation.*

I understand the following: if my application is approved the entire application fee is nonrefundable, and the membership fee is for a year starting the date of approval. I will also receive first-year membership (at the New Member level), which will entitle me to receive all privileges due to members.

If I'm not approved, I will receive detailed critiques of reason(s) of refusal and recommendation about how I should proceed, the refund of the application fees minus any applicable transfer fees.

(Signature) _____