



Record of Affiliation Form

AFFILIATION YEAR 20 DATE _____

*We, the undersigned Presidents and Secretaries
of the teams named, on behalf of those teams,
hereby seek permission to affiliate our teams
in accordance with the BCLA and CLA regulations.
(See BCLA Senior Operating Policy Regulation 6: Affiliation)*

NAME OF HIGHER CATEGORY TEAM

DIVISION

NAME OF LOWER CATEGORY TEAM

DIVISION

President of Higher Category Team

President of Lower Category Team

Secretary of Higher Category Team

Secretary of Lower Category Team

*This Record of Affiliation must be filed
with the BCLA Office
#101 - 7382 Winston Street, Burnaby, BC V5A 2G9
Fax # 604-421-9775
prior to **August 1st**
of the current playing year.
Affiliations must be renewed annually.*

Revised September 2011