

Oregon State Hockey Association

Instructions and Application for Renewal of Associate Membership: 2018-2019

Membership Renewals:

1. Annual renewals must be submitted by April 5, 2019.
2. Membership renewals can be processed in two ways:
 - Online (PREFERRED): Members may complete the attached application, scan and email it to:
Sue Fthenakis, Membership Committee Chairperson
osha.sec@gmail.com
 - Mail: Members may complete the attached application and mail it to:
Oregon State Hockey Association, attn.: Membership Committee
P.O. Box 7114
Springfield, OR 97475

Fees (2018-2019 Season):

There will be no membership fee for renewal membership applications for the 2018-2019 season.

FREQUENTLY ASKED QUESTIONS:

OSHA Association Number:

An OSHA Association Number (ORH xxxx) is assigned by USA Hockey when an association is accepted as a OSHA member. That membership number must then be renewed each succeeding year by filing an OSHA membership renewal form with the OSHA Membership Committee Chairperson by **April 5th** to remain active.

Supporting Documentation:

The documentation that must accompany this form depends on whether the Association is controlled by a for-profit or not-for-profit organization.

- **For-profit** organizations (e.g., commercial ice rinks) must submit:
 1. a true copy of the business status from the Oregon Secretary of State
 2. a mission statement describing the amateur hockey programs that will register teams under this Association
 3. Home Rink Information:
 - a. Name of rink
 - b. Location
 - c. Ownership
 - d. Program Ice Time Confirmation
- **Not-for-profit** organizations must submit:
 1. Bylaws currently in place
 2. List of current officers and directors and their contact information
 3. Home Rink Information:
 - a. Name of rink
 - b. Location
 - c. Ownership
 - d. Program Ice Time Confirmation

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OREGON AMATEUR HOCKEY ASSOCIATION
An Oregon Nonprofit Organization
Application for Renewal of Associate Membership 2018

This application must be fully completed by an authorized representative of your organization. Failure to provide the requested information may cause the application to be rejected. To be complete, the application must be signed and any appropriate fees and documentation included.

Name of Association: _____

Name and Title of individual completing this form:

Name: _____

Title: _____

Email: _____

Phone Number: _____

Name and location of home ice rink:

Association Registrar: (Name) _____

Email: _____

Phone Number: _____

Name and Title of person authorized to vote within OSHA on behalf of Association
(normally the President):

Name: _____

Title: _____

Email: _____

Association Webpage: _____

Association Tax Status Type (For-profit, Non-profit): _____

Oregon Tax ID#: _____

Sources of funding (mark all that apply):

____ Membership fees ____ Fundraising/merchandise sales ____ Donations/pledges
____ Corporate sponsors ____ Other (Specify: _____)

Contracts: Does your association enter into written contracts for the use of ice facilities?

___ YES ___ NO

Meetings: Does your association hold at least one annual meeting for all members with notice and agenda available at least 15 (fifteen) days prior to the meeting?

___ YES ___ NO

Bylaws: Does your association distribute or make available the current Bylaws and Rules and Regulations to each of your members?

___ YES ___ NO

Programs : Identify number of teams per level as appropriate:

	In-House	Recreation Travel	Tier II	Tier I	Other
8U Youth					
8U Girls					
10U Youth					
10U Girls					
12U Youth					
12U Girls					
14U Youth					
14U Girls					
16U Youth					
16U Girls					
18U Youth					
18U Girls					
High School					
High School Girls					
College					
Adult					
Disabled					

By signing this application manually or electronically, the undersigned representative of the applying Association named above, represents that the Association agrees to be bound by the Bylaws, Rules and Regulations of the Oregon State Hockey Association (OSHA) and USA Hockey and further, represents that he or she has been granted authority to so bind the applying Association.

Signed Date: _____

Print Name: _____

DEADLINE: April 5, 2019