**Oregon State Hockey Association**

 **Instructions and Application for Renewal of Associate Membership: 2019-2020**

**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 (2019‐2020 Season):**

There will be no membership fee for renewal membership applications for the 2019-2020 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 2019**

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**