

# Oregon State Hockey Association

## Instructions and Application for Renewal of Associate Membership: 2020-2021

### **Membership Renewals:**

1. Annual renewals must be submitted by **April 5, 2020**.
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 (2020-2021 Season):**

There will be no membership fee for renewal membership applications for the 2020-2021 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 copy of the business status from the Oregon Secretary of State ([http://egov.sos.state.or.us/br/pkg\\_web\\_name\\_srch\\_inq.login](http://egov.sos.state.or.us/br/pkg_web_name_srch_inq.login))
  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. List of current officers and directors and their contact information ([http://egov.sos.state.or.us/br/pkg\\_web\\_name\\_srch\\_inq.login](http://egov.sos.state.or.us/br/pkg_web_name_srch_inq.login))
  2. a copy of the business status from the Oregon Secretary of State
  3. Bylaws/Rules/Guidebooks if revised in the past year.
  4. IRS Tax Form 990
  5. Home Rink Information:
    - a. Name of rink
    - b. Location
    - c. Ownership
    - d. Program Ice Time Confirmation

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APPROVED

**OREGON AMATEUR HOCKEY ASSOCIATION**  
**An Oregon Nonprofit Organization**  
**Application for Renewal of Associate Membership 2020**

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:

\_\_\_\_\_

OSHA Association Number(s) \_\_\_\_\_

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#: \_\_\_\_\_

If For Profit, are there any Non-profit organizations within the association? (YES/NO) \_\_\_\_\_

(if yes, please list) \_\_\_\_\_

Compliance with SafeSport? \_\_\_\_\_ Compliance with American Developmental Model? \_\_\_\_\_

Sources of funding (mark all that apply):

\_\_\_\_ Membership fees    \_\_\_\_ Fundraising/merchandise sales    \_\_\_\_ Donations/pledges  
\_\_\_\_ Corporate sponsors    \_\_\_\_ Other (Specify: \_\_\_\_\_ )

What month does your association negotiate contracts for the use of ice facilities? \_\_\_\_\_

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, 2020**