

**OREGON AMATEUR HOCKEY ASSOCIATION**  
**An Oregon Nonprofit Organization**  
**Application for Renewal of Associate Membership 2021**

**Membership Renewals:**

1. Annual renewals must be submitted by **April 10, 2021**.
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: **sue.fthenakis@oregonstatehockey.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 (2021-2022 Season):**

There will be no membership fee for renewal membership applications for the 2021-2022 season.

**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 10th 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)) (see example on page 6)
  2. A mission statement describing the amateur hockey programs that will register teams under this Association
  3. If Youth Programs: A copy of the signed “**USA HOCKEY MEMBER PROGRAM AGREEMENT TO ADOPT AND COMPLY WITH SAFESPORT PROGRAM**”
  4. 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
  2. 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)) (see example on page 6)
  3. A copy of the current Bylaws/Rules/Guidebook
  4. IRS Tax Form 990
  5. If Youth Programs: A copy of the signed “**USA HOCKEY MEMBER PROGRAM AGREEMENT TO ADOPT AND COMPLY WITH SAFESPORT PROGRAM**”
  6. Home Rink Information:
    - a. Name of rink
    - b. Location
    - c. Ownership
    - d. Program Ice Time Confirmation

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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:**

Name: \_\_\_\_\_

Address: \_\_\_\_\_

**OSHA Association Number(s):** (If more than one association number, list all)

- Association Number: \_\_\_\_\_ Youth \_\_\_\_\_ Adult \_\_\_\_\_ (check one)

Association Registrar: (Name) \_\_\_\_\_

Email: \_\_\_\_\_

Phone Number \_\_\_\_\_

- Association Number: \_\_\_\_\_ Youth \_\_\_\_\_ Adult \_\_\_\_\_ (check one)

Association Registrar: (Name) \_\_\_\_\_

Email: \_\_\_\_\_

Phone Number \_\_\_\_\_

- Association Number: \_\_\_\_\_ Youth \_\_\_\_\_ Adult \_\_\_\_\_ (check one)

Association Registrar: (Name) \_\_\_\_\_

Email: \_\_\_\_\_

Phone Number \_\_\_\_\_

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**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) \_\_\_\_\_

**Sources of funding:** (mark all that apply):

\_\_\_\_\_ Membership fees

\_\_\_\_\_ Fundraising/merchandise sales

\_\_\_\_\_ Donations/pledges

\_\_\_\_\_ Corporate sponsors

\_\_\_\_\_ Other (Specify: \_\_\_\_\_)

**Financial Standing with Oregon State Hockey Association:**

Are all financial responsibilities with OSHA in good standing? \_\_\_\_\_ YES \_\_\_\_\_ NO

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**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

**Youth Programs: Are the Youth programs in compliance with the following USA Hockey policies?:**

Describe how your Member Association is complying with the American Developmental Model?

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

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\_\_\_\_\_

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**Programs : Identify number of teams per level as appropriate:**

Program	In-House (Teams/Players only play in their home rink)	Recreation / Travel (Teams travel to tournaments/ games outside of their home rink)	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					
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 10, 2021**

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Safari File Edit View History Bookmarks Window Help Not Secure — egov.sos.state.or.us  
 Business Registry Business Name Search

  
 OREGON SECRETARY OF STATE  
**Corporation Division**  
 business information center business name search oregon business guide  
 referral list business registry/renewal forms/fees notary public  
 uniform commercial code uniform commercial code search documents & data services

**Business Name Search**

New Search		Printer Friendly		Business Entity Data			10-06-2020 14:05
Registry Nbr	Entity Type	Entity Status	Jurisdiction	Registry Date	Next Renewal Date	Renewal Due?	
152771-14	DNP	ACT	OREGON	05-12-1981	05-12-2021		
Entity Name		OREGON STATE HOCKEY ASSOCIATION					
Foreign Name							
Non Profit Type		PUBLIC BENEFIT WITH MEMBERS					

New Search		Printer Friendly		Associated Names			
Type	PPB	PRINCIPAL PLACE OF BUSINESS					
Addr 1		1460 SE 58TH AVE					
Addr 2							
CSZ	PORTLAND	OR	97215	Country	UNITED STATES OF AMERICA		

*Please click [here](#) for general information about registered agents and service of process.*

Type	AGT	REGISTERED AGENT	Start Date	06-16-2016	Resign Date
Name		LESTER J SPARKS			
Addr 1		1460 SE 58TH AVE			
Addr 2					
CSZ	PORTLAND	OR	97215	Country	UNITED STATES OF AMERICA

Type	MAL	MAILING ADDRESS
Addr 1		OSHA
Addr 2		PO BOX 7114
CSZ	SPRINGFIELD	OR 97475
Country		UNITED STATES OF AMERICA

Type	PRE	PRESIDENT	Resign Date