

**OREGON STATE HOCKEY ASSOCIATION**  
**An Oregon Nonprofit Organization**  
**Application for Renewal of Associate Membership 2023**

**Membership Renewals**

1. Annual renewals must be submitted by **April 8, 2023**.
2. Membership renewals can be processed in two ways:
  - Online (PREFERRED): Members may complete the attached application or the google form, scan and email it to:  
**Sarah Chambers**, Membership Committee Chairperson: **[sarah.chambers@oregonstatehockey.com](mailto:sarah.chambers@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 (2023-2024 Season):**

**There will be no membership fee for renewal membership applications for the 2023-2024 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.

1. **For-profit** organizations (e.g., commercial ice rinks) must submit:
  - a. A copy of the business status from the Oregon Secretary of State
    - i. ([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))
    - ii. (see example on page 6)
  - b. **A copy of the Articles of Incorporation**
  - c. A mission statement describing the amateur hockey programs that will register teams under this Association
  - d. Home Rink Information:
    - i. Name of rink
    - ii. Location
    - iii. Ownership
    - iv. Program Ice Time Confirmation
2. **Not-for-profit** organizations must submit:
  - a. List of current officers and directors and their contact information
  - b. A copy of the business status from the Oregon Secretary of State
    - i. ([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))
    - ii. (see example on page 6)
  - c. **A copy of the Articles of Incorporation**
  - d. IRS Tax Form 990
  - e. Home Rink Information:
    - i. Name of rink
    - ii. Location
    - iii. Ownership
    - iv. Program Ice Time Confirmation

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3. All **Youth** programs whether they exist within a nonprofit or for-profit association must also submit the following documents:
- a. A copy of the current Bylaws/Rules/Guidebook
  - b. If Youth Programs: A copy of the signed **“USA HOCKEY MEMBER PROGRAM AGREEMENT TO ADOPT AND COMPLY WITH SAFESPORT PROGRAM”**
  - c. Screening Policy
  - d. SafeSport Policy?
  - e. Concussion Protocol Policy
  - f. Zero Tolerance Policy
  - g. Locker Room Policy
  - h. Coed Locker Room Policy
  - i. Social Media and Electronic Communications Policy

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)

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

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

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

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

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 Youth organizations within the association?**

\_\_\_\_\_ YES \_\_\_\_\_ NO

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

**Note: All Youth programs must submit the documentation required of Youth organizations.**

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

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\_\_\_\_\_ 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

**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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**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					

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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 8, 2023**

The screenshot shows the Oregon Secretary of State's Business Registry website. The page title is "Business Name Search" and the URL is "egov.sos.state.or.us". The search results for "OREGON STATE HOCKEY ASSOCIATION" are displayed in a table format.

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					

  

Type	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