

ALASKA STATE HOCKEY ASSOCIATION
 An Alaskan Nonprofit Organization
Application for NEW Associate Membership _____ (year)

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 the appropriate documentation included. Please consult the instruction sheet that follows the form.

Name of association: _____

Name (of individual completing this form):	_____	

Title:	_____	
Name and location of home ice rink:	_____	
Association address:	_____	
City:	Zip Code:	_____

Association email:	_____	
Association webpage:	_____	
Phone number:	_____	
Fax number:	_____	

Association registrar:	Name	_____
	Title:	_____
	Email:	_____
	Phone number:	_____

Name of person who is authorized to vote on behalf of association

Title: _____

Email: _____

Phone number: _____

Association tax status: For-profit Non-profit [type _____] Internal Revenue

Service ID #: _____ **Alaska Entity ID#:** _____

Sources of funding (mark all that apply): Membership fees Fundraising/merchandise sales Donations/pledges

Corporate sponsors Other [specify _____]

Programs (mark all that apply): Recreational/Youth, Girls, Adult, Adult Women

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Recreational/Youth Teams: Indicate number of teams in each classification:

U8: _____; U10(Squirt): _____; U12 (PeeWee): _____; U14(Bantam): _____;
U16(Midgets): _____; U18(Midgets): _____ .
Girls: U8: _____ U10: _____ U12: _____ U14: _____ U16: _____ U19: _____

National bound Teams:

U14 Tier I(Bantam): _____; U14 Tier II (Bantam): _____; U16 Tier
I(Midget): _____; U16 Tier II(Midget): _____; U18 Tier
I(Midget): _____; U18 Tier II(Midget): _____; GirlsU14 Tier
I _____; GirlsU14 Tier II: _____; Girls U16 Tier I: _____; Girls U16 Tier
II: _____; Girls U19 Tier I: _____; Girls U10 Tier II: _____
Disabled Hockey: Sled: _____ Special: _____

Adult/Woman's Teams: _____

Contracts: Does your association sign written contracts for the use of ice facilities? **YES**
NO

Meetings: Does your association hold at least one annual meeting for all members **YES**
NO
with notice and agenda available at least 7 (seven) days prior to the meeting?

Bylaws: Does your association distribute a copy of the current Bylaws and Rules
and Regulations to each of your members? **YES**
NO

SafeSport Abuse Policy: Has your association appointed a SafeSport personal and
adopted the USA Hockey policy on SafeSport prohibiting sexual or physical abuse
and establishing Zero Tolerance? **YES**
NO

Player Movement: Does your association allow the free movement of players following
the completion of the ice hockey season (usually May 1 through August 31)? **YES**
NO

Parent Education: Does your association have a program for parent education? **YES NO**

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

Signed _____ Date _____

Print name _____

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This form and the required documentation, such as certified copy of the association's by-laws, a list of current officers and directors and their contact information and an executed Association Affiliate Agreement must be filed with ASHA's Executive Committee prior to the ASHA Annual Meeting, which is traditionally held in April of each year. An Association number (AKHxxxx) is then assigned by USA Hockey.

There is currently no fee for new membership.

Specific instructions

Name/Address/Phone/Email Up to three persons may be named on the application form. The name of the person completing the form, the name of the Association Registrar, and the name of the person who will sit on the ASHA Board as the Association's representative(s) and cast votes for the Association in ASHA matters and elections. The first name and contact information (phone and/or email) are used to communicate administrative issues (e.g., related to form contents, documentation, and fees). The Registrar name and contact information are used to communicate issues related to USA Hockey Registration software and team/player registration. The voting name and contact information are used to distribute ASHA ballots and communicate policy and discipline issues. In all cases, the Association mailing address is used. There is no requirement that the three entries be different – use one, two, or three names to match the division of responsibility in your organization.

Association tax status All organizations must check the box that matches your organization and fill in the identifying numbers used on your state and federal tax returns. In addition, not-for-profit organizations must fill in the code section under which your non-profit status was applied for and/or granted [e.g., 501(c)(3)].

Sources of funding Please check all revenue source types used in connection with teams registered under this Association.

Programs Please check boxes for each type of team registered under this Association.

Youth teams Complete this section only if you plan to register youth travel teams this season. Estimate the number of teams you anticipate in each division at each skill level. Do not include inhouse teams that only compete within your Association.

Questions Please answer all of these questions related to practices within your organization.

Signature Normally this form is signed by the person named as authorized to vote, but it may be signed by any individual to whom the text immediately preceding the signature may accurately be applied.