



New Member Association Application for Membership

AFFILIATE PRESIDENT:

Bud Buonato

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SOUTHEASTERN DISTRICT ASSOCIATE REGISTRAR – MD/DC:

Paul Duquette

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SOUTHEASTERN DISTRICT ASSOCIATE REGISTRAR – VA:

Beth Lenz

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New associations seeking to register Youth or Girls teams with USA Hockey and PVAHA (Affiliate) for play during the regular season (September 1–March 15) must submit an Application for Membership to the appropriate state Associate Registrar and to the Affiliate President. The Affiliate will review and act on any Applications for Membership during Affiliate meetings during the months of April–August. USA Hockey Registration software will only be provided to Associations registering three (3) or more teams for play during the regular season. Only teams specifically sanctioned as Tier I (AAA) by the Affiliate may register as Tier I teams. Applications for Tier I sanctioning must be submitted to the Affiliate by an organization no later than February 1 for consideration for the upcoming season (see PVAHA rule 2.4.6)

Part I | Association Contact Information

Name of Association: _____

STREET ADDRESS _____

CITY _____ STATE ZIP

Legal Status of Association: FOR PROFIT 501(c)3 NON-PROFIT
 CORPORATION PARTNERSHIP SOLE PROPRIETORSHIP

Association Principal Officers/Directors:

NAME OF **PRESIDENT** _____

STREET ADDRESS _____

CITY _____ STATE ZIP

PHONE _____ EMAIL _____

NAME OF **ASSOCIATION REGISTRAR** _____

STREET ADDRESS _____

CITY _____ STATE ZIP

PHONE _____ EMAIL _____

NAME OF **TREASURER** _____

STREET ADDRESS _____

CITY _____ STATE ZIP

PHONE _____ EMAIL _____

NAME OF **SECRETARY** _____

STREET ADDRESS _____

CITY _____ STATE ZIP

PHONE _____ EMAIL _____

Primary ice facility your association plans to use for practices and home games:

ICE ARENA _____

CITY _____ STATE ZIP

PHONE _____ WEB SITE _____



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Part II | Association Structure

Playing Level of Teams: TIER I, LEVEL I (AAA) TIER II (AA, A AND/OR B) TRAVEL HOUSE/RECREATION HIGH SCHOOL PREP/ACADEMY

AGE LEVEL OF TEAMS	NUMBER OF TEAMS	NUMBER OF PLAYERS	PROJECTED ANNUAL FEES PER PLAYER	LEAGUE(S)/SEASON	HEAD COACH FOR EACH ANTICIPATED TEAM	CEP LEVEL	USA HOCKEY CEP NUMBER
8U							
GIRLS 8U							
10U							
GIRLS 10U							
12U							
GIRLS 12U							
14U							
GIRLS 14U							
16U							
GIRLS 16U							
18U							
GIRLS 19U							

If the Association plans to register 8U age players will the Association comply with USA Hockey/PVAHA 8U ADM policies? Yes No

Does the Association acknowledge the preeminence of and agree to abide by the Rules, Policies and ByLaws of USA Hockey and PVAHA? Yes No

From what geographical area does the Association plan to draw players? _____

Does the Association anticipate recruiting or drawing players that already play for other associations? Yes No

Please specify how the Association plans to draw players to your program:

- Also, please furnish the following:**
1. Documentation to show the availability of ice to support the program.
 2. Documentation to show that any and all coaches are properly certified through USA Hockey and that the Association has a policy for screening all coaches and volunteers who have routine access to children (any one under the age of majority).
 3. A copy of any informational literature (includes Web info or program brochures) that is provided to players and parents.
 4. A copy of any articles of incorporation, partnership agreements, by-laws or any rules that will govern players participating in the program.



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What benefits or additional services will your proposed association bring to the local youth/girls hockey community? Please be specific:

Please provide your association mission statement:

Name of Individual Completing this form: _____

Youth/Girl's Hockey Association: _____

Position/Title: _____

Please email a copy of this completed application to the appropriate state registrar and Affiliate president. Also, forward the requested documentation via email or postal service.