



## MEMBERSHIP APPLICATION



PO Box 1451  
Auburn, ME 04211  
Email- [president@meaha.com](mailto:president@meaha.com)

All Associations seeking to apply for Allied Membership or Associate Membership within MEAHA shall submit this form to the Executive Board on or before the regularly scheduled MEAHA meeting for the month of March. Application review will take place prior to the MEAHA annual meeting (held between April 15 and May 15 each year) with voting to take place at the MEAHA annual meeting. If accepted, the new membership will be effective immediately and approved teams will be eligible for the upcoming USA Hockey season.

### Part 1- Legal

Name of Program

Mailing Address

City

State

ZIP

Website Address

Legal Status

501c3 ☐

Corporation ☐

Partnership ☐

Sole Proprietorship ☐

Other ☐ Explain

Also include Articles of Corporation, By-Laws, Constitution and/or any other governing documents

Name of Owner/President

Mailing Address

City

State

ZIP

Phone

Email Address

Program's Registrar

Mailing Address

City

State

ZIP

Phone

Email Address

Coaching Director

Mailing Address

City

State

ZIP

Phone

Email Address



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## Part 2– Ice Venues

Name of Ice Venues

Contact Person

Telephone

Email Address

Do you plan to hold any Tournaments within Maine?

Yes ☐

No ☐

If yes, what Level of play?

Dates

Please include any pertinent documents for your ice venues

## Part 3- Program Structure

### Youth

Teams	6 & U	8 & U	10 & U	12 & U	14 & U	16 & U	18 & U
Cost							
Practices							
Games							

### Girls

Teams	10 & U	12 & U	14 & U	16 & U	19 & U
Cost					
Practices					
Games					

What geographical areas do you plan to draw from?

Do you anticipate drawing players that already play for another program? If so, how many?



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### **Part 4– Program Philosophies**

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

Please provide your program's mission statement:

Name of Person Completing Form

Phone

Signature \_\_\_\_\_ Date \_\_\_\_\_

By your signature, you are acknowledging that you are a representative of the Program and are authorized to complete and submit this form to MEAHA and that your program acknowledges and agrees to follow the By-Laws, Rules and Policies of USA Hockey and Maine Amateur Hockey Association.