## CAROLINA AMATEUR HOCKEY ASSOCIATION

# Application for Membership - Application Form

All membership applications for associations that seek to begin operation in the 2024-2025 season will be submitted online. The portal will not save your information if you close the application before you reach the end. This document provides the information requested to help you prepare before you begin your application.

#### **Association Information**

- Name
- Mascot
- Type: Youth (Male or Co-Ed), Girls', Adult, Women's, Disabled Youth, Disabled Adult, High School
- Address
- Website Address
- Legal Status: Corporation, Partnership, Sole Proprietorship Other
- If Other, Specify

## **Principal Officers and Directors**

- Number of persons serving on the Association Board
- President name, telephone and email
- Registrar name, address, telephone and email
- Discipline Chair name, telephone and email
- Coaching Director name, telephone and email\*
- SafeSport Coordinator name, telephone and email\* \* Youth (Male or Co-Ed), Girls', Disabled Youth and High School must have a Coaching Director and SafeSport Coordinator.

#### **Primary Ice Facility**

- Primary ice facility name and address
- Names and locations of other ice facilities to be used by the Association

## **Teams and Members**

- Anticipated # of players, # of teams the association intends to form, and # of committed coaches
- Levels: Youth Tier II, Youth Recreational, Youth House, Girls' Tier II, Girls' Recreational, Adult, Women's,
  Disabled (Sled, Special, Hearing Impaired, Blind, Amputee, Warrior), High School
- From what geographical area do you plan to draw players
- Recruitment Intentions to include recruitment plan, the target number of players that will be recruited, and the names the existing Member Associations that will lose players due to your recruitment efforts
- Mite 8U cross ice compliance
- League Affiliation

#### **Financial**

- Tax Status: For Profit Ice Facility, For Profit Non-Ice Facility, 501(c)3 Tax Exempt Non-Profit, Non-Profit
- If IRS 501(c)3 Tax Exempt Non-Profit, provide EIN Number
- Sources of Funds: Membership Fees, Fundraising/Merchandise Sales, Donations, Corporate Sponsors, Other
- If Other, Specify

## **Acknowledgement of Terms**

• Terms acceptance