



**Potomac Valley
Amateur Hockey
Association**

**New Member
Association
Application for
Membership**

Beginning the 2011-12 season new associations seeking to register Youth or Girls teams with USA Hockey and PVAHA (the 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 2.7)

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 **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 _____



Part II | Association Structure

Anticipated Number of Players _____ and Anticipated Teams _____

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

AGE LEVEL OF TEAMS	NUMBER OF TEAMS	PROJECTED ANNUAL FEES PER TEAM	LEAGUE ACCEPTED 2011-2012	HEAD COACH FOR EACH ANTICIPATED TEAM	CEP LEVEL	USA HOCKEY CEP NUMBER
MITE 8&U						
GIRLS 8&U						
SQUIRT 10&U						
GIRLS 10&U						
PEEWEE 12&U						
GIRLS 12&U						
BANTAM 14&U						
GIRLS 14&U						
MIDGET 16&U						
GIRLS 16&U						
MIDGET 18&U						
GIRLS 19&U						

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

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

From what geographical area do you plan to draw players?

Do you anticipate recruiting or drawing players that already play for other associations? Yes No

If so specify how you plan 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.



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

AFFILIATE PRESIDENT:

John Coleman

jkcole214@aol.com

MARYLAND STATE AND DC

ASSOCIATE REGISTRAR:

Bob Otte

rotte123@comcast.net

VIRGINIA STATE ASSOCIATE

REGISTRAR:

Beth Lenz

VASStateRegistrar@gmail.com

Please provide your association mission statement:

New Member Association Application for Membership

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.