



ASSOCIATE MEMBERSHIP APPLICATION

Completing This Form

Please note that Associate Members must apply for membership every season.

1. Type into the fields on the form.
2. To prevent delays in processing, please make sure to complete all fields.
3. Submit the form to the BC Hockey office by email, fax or regular mail.

Who Should Complete This Form?

Any company or individual who will be offering entrepreneurial instructional services to BC Hockey members. If an individual is already a member of BC Hockey, this form should be completed if the services offered are above and beyond the individual's membership duties (ie, offering specialized training to multiple teams or associations).

PART 1 COMPANY INFORMATION			
COMPANY NAME			
CONTACT'S LAST NAME		CONTACT'S FIRST NAME	
ADDRESS: NUMBER AND STREET		TOWN / CITY	POSTAL CODE
HOME NUMBER	WORK / CELL NUMBER	EMAIL	
SERVICES TO BE OFFERED TO BC HOCKEY MEMBERS (ie, power skating, goaltender coaching, personal trainer, skate mill, etc.)			

PART 2 INSTRUCTOR INFORMATION			
Please complete Instructor Information for each instructor that will be working with BC Hockey members. All instructors must be SpeakOut! / Respect in Sport certified and satisfactorily complete a criminal record check for BC Hockey.			
Instructor 1			
LAST NAME		FIRST NAME	GENDER <input type="radio"/> Male <input type="radio"/> Female
ADDRESS: NUMBER AND STREET		TOWN / CITY	POSTAL CODE
DATE OF BIRTH	PHONE NUMBER	EMAIL	
Is this instructor already a member of BC Hockey? <input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Not Sure			
If yes, how is he or she registered (ie, coach through [name of] minor hockey association, course conductor, etc.)			
Is he or she Speak Out! / Respect in Sport certified? <input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Not Sure			
Has he or she satisfactorily completed a criminal record check for BC Hockey? <input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Not Sure			

ASSOCIATE MEMBERSHIP APPLICATION

Instructor 2			
LAST NAME		FIRST NAME	GENDER <input type="radio"/> Male <input type="radio"/> Female
ADDRESS: NUMBER AND STREET		TOWN / CITY	POSTAL CODE
DATE OF BIRTH	PHONE NUMBER	EMAIL	
Is this instructor already a member of BC Hockey? <input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Not Sure			
If yes, how is he or she registered (ie, coach through [name of] minor hockey association, course conductor, etc.)			
Is he or she Speak Out! / Respect in Sport certified? <input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Not Sure			
Has he or she satisfactorily completed a criminal record check for BC Hockey? <input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Not Sure			

Instructor 3			
LAST NAME		FIRST NAME	GENDER <input type="radio"/> Male <input type="radio"/> Female
ADDRESS: NUMBER AND STREET		TOWN / CITY	POSTAL CODE
DATE OF BIRTH	PHONE NUMBER	EMAIL	
Is this instructor already a member of BC Hockey? <input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Not Sure			
If yes, how is he or she registered (ie, coach through [name of] minor hockey association, course conductor, etc.)			
Is he or she Speak Out! / Respect in Sport certified? <input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Not Sure			
Has he or she satisfactorily completed a criminal record check for BC Hockey? <input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Not Sure			

Instructor 4			
LAST NAME		FIRST NAME	GENDER <input type="radio"/> Male <input type="radio"/> Female
ADDRESS: NUMBER AND STREET		TOWN / CITY	POSTAL CODE
DATE OF BIRTH	PHONE NUMBER	EMAIL	
Is this instructor already a member of BC Hockey? <input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Not Sure			
If yes, how is he or she registered (ie, coach through [name of] minor hockey association, course conductor, etc.)			
Is he or she Speak Out! / Respect in Sport certified? <input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Not Sure			
Has he or she satisfactorily completed a criminal record check for BC Hockey? <input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Not Sure			

ASSOCIATE MEMBERSHIP APPLICATION

PART 3 FEES			
Associate Membership	NUMBER		
	1	x	\$50.00 = \$ 50.00
Insurance (per instructor fee)		x	\$24.30 = \$
Total			\$

PART 3 PAYMENT INFORMATION

Payment By Credit Card			
CREDIT CARD TYPE:	CARDHOLDER'S NAME:	CREDIT CARD NUMBER:	EXPIRATION:
<input type="radio"/> VISA		- - -	/
<input type="radio"/> MasterCard		- - -	/
<input type="radio"/> American Express		- -	/

By submitting this form, I certify that I am authorized to use the credit card entered above, and I authorize BC Hockey to process the payment information provided for the products and/or services above.

Payment By Money Order, Bank Draft or Certified Cheque

If you are paying by money order, certified cheque or bank draft, please print your completed form and mail it with your payment to the below address. PERSONAL CHEQUES WILL NOT BE ACCEPTED. Personal cheques will be returned and registration will not be complete until proper payment has been received.

CHEQUE PAYMENT TYPE:	Mail to:
<input type="radio"/> Money Order	BC Hockey 6671 Oldfield Road Saanichton, BC V8M 2A1
<input type="radio"/> Certified Cheque	
<input type="radio"/> Bank Draft	

Submitting this request:

Please print the completed form and fax, mail or scan and email it to the BC Hockey office at
 fax: 250-652-4536
 mail: 6671 Oldfield Road, Saanichton, BC V8M 2A1
 email: specialevents@bchockey.net.

PRINT