



## ASSOCIATE MEMBERSHIP ADD ADDITIONAL INSTRUCTORS 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 that is already an Associate Member that needs to add additional instructors.

<b>PART 1 COMPANY INFORMATION</b>		
COMPANY NAME		
CONTACT'S LAST NAME		CONTACT'S FIRST NAME
HOME NUMBER	WORK / CELL NUMBER	EMAIL

<b>PART 2 INSTRUCTOR INFORMATION</b>		
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.		
<b>Instructor 1</b>		
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		

<b>Instructor 2</b>		
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

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### Instructor 2, continued

Is this instructor already a member of BC Hockey?  Yes  No  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?  Yes  No  Not Sure

Has he or she satisfactorily completed a criminal record check for BC Hockey?  Yes  No  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?  Yes  No  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?  Yes  No  Not Sure

Has he or she satisfactorily completed a criminal record check for BC Hockey?  Yes  No  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?  Yes  No  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?  Yes  No  Not Sure

Has he or she satisfactorily completed a criminal record check for BC Hockey?  Yes  No  Not Sure

## ASSOCIATE MEMBERSHIP ADD ADDITIONAL INSTRUCTORS APPLICATION

PART 3 FEES			
Insurance (per instructor fee)	NUMBER		TOTAL
	x	\$24.30	= \$

PART 3 PAYMENT INFORMATION
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Payment By Credit Card			
CREDIT CARD TYPE:	CARDHOLDER'S NAME:	CREDIT CARD NUMBER:	EXPIRATION:
<input type="radio"/> VISA		- - -	/
<input type="radio"/> MasterCard		- - -	/

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

### Submitting this form:

1. If you have an email service installed on your desktop, such as Microsoft Outlook or Outlook Express, please click the submit button. An email will open with the completed form included as an attachment.
2. If the above does not work or you use a web-based email service provider such as Yahoo, Hotmail or Gmail, please save the completed request form to your desktop, attach it to an email, and send the email to: info@bchockey.net.
3. You may also print the completed form and fax or mail it to the BC Hockey office.

<b>SUBMIT BY EMAIL</b>
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