

**WOBURN YOUTH HOCKEY
CORPORATE MEMBERSHIP APPLICATION**

First Reading: _____
Second Reading: _____

APPLICANT NAME: _____
ADDRESS: _____
HOME PHONE: _____
CELL PHONE: _____
E-MAIL ADDRESS: _____

Eligibility for Corporation Membership (Corporation By Laws, reviewed and revised May 2003):

To be eligible to become a Corporation member a person must have served as a volunteer for at least a period of one calendar year, or have a child active in the program and attend and sign in at a minimum of three corporation meetings during the previous hockey season (September through May), after reaching the age of eighteen (18).

VOLUNTEER INFORMATION

Number of years volunteered: _____
Dates volunteered: _____
What phase of the program (Check all that applies):
 Committee Member
 Team Parent
 Team Coach
 Snack Bar
 Tournaments
 Ice Show
 WYH Clinics
 Other

CURRENT PLAYER(S) PARTICIPATION

What phase of the program (Check all that applies):
 Mite City League
 Mite
 Squirt
 Pee Wee
 Bantam
 Midget
 Girl
 Figure Skater
 Challenger

Applicants are strongly encouraged to volunteer on a WYH Committee. Would you be willing to serve on a committee if asked? If yes, please check all that apply below.

<input type="checkbox"/> Appreciation Night	<input type="checkbox"/> Golf Tournament
<input type="checkbox"/> Awards Night	<input type="checkbox"/> Hardship
<input type="checkbox"/> Boy/Girl of the Year	<input type="checkbox"/> Ice Schedules
<input type="checkbox"/> Checking Clinic	<input type="checkbox"/> Mass Hockey District 9
<input type="checkbox"/> Clinics	<input type="checkbox"/> Middlesex League
<input type="checkbox"/> Challenger	<input type="checkbox"/> Mite Tournament/Tournaments
<input type="checkbox"/> Coaches & Discipline	<input type="checkbox"/> Mass Hockey District 9
<input type="checkbox"/> Craft Fair	<input type="checkbox"/> O'Brien Ice Rink
<input type="checkbox"/> Division Coordinator	<input type="checkbox"/> Registration
<input type="checkbox"/> Dual State League	<input type="checkbox"/> Rules & Policy
<input type="checkbox"/> Elections	<input type="checkbox"/> Scholarships
<input type="checkbox"/> Equipment	<input type="checkbox"/> Snack Bar
<input type="checkbox"/> Figure Skating	<input type="checkbox"/> Team Photos
<input type="checkbox"/> Finance	<input type="checkbox"/> Team Parent Committee
<input type="checkbox"/> First Aid/CPR	<input type="checkbox"/> Tryouts
<input type="checkbox"/> Fundraising	<input type="checkbox"/> Valley league
	<input type="checkbox"/> Web Site

APPLICANT SIGNATURE/DATE

SPONSOR'S SIGNATURE*/DATE

SPONSOR'S NAME - PRINT

*By signing and dating above you acknowledge you will be asked to introduce and speak on the applicant's behalf at their 1st Reading during a scheduled Corporation Meeting.