

REGISTRATION OF ASSOCIATION
Legal Registries Society Number _____
20__ - 20__ SEASON

Please Print or Type

Name of Association:	Telephone:
	Fax:
Mailing Address:	Community:
	Postal Code:

President:	E-Mail:
Phone Hm: Wk:	Fax:

Vice President:	E-Mail:
Phone Hm: Wk:	Fax:

Treasurer:	E-Mail:
Phone Hm: Wk:	Fax:

Secretary:	E-Mail:
Phone Hm: Wk:	Fax:

Referee-In-Chief (If Applicable):	E-Mail:
Phone Hm: Work:	Fax:

Upon registering with Hockey North, the Association mentioned above is a member of the NWTHA and is affiliated with Hockey North and the Canadian Hockey Association, and by virtue of this agreement is entitled to all privileges and benefits available to all Hockey Canada Members.

President

Date