



Calgary Northstars Hockey Association

Associate Membership Application Form

Must be in by April 30, 2020

Membership

☐ **Associate Membership** **\$10**

Application subject to approval of CNHA Board of Directors

Send payment and application to:
CNHA
PO Box 54022, RPO Village Square
Calgary, Alberta
T1Y 6S6

In accordance to 3.3 of the CNHA Bylaws, I wish to apply for a membership to the Calgary Northstars Hockey Association.

Name: _____

Address: _____

City: _____

Prov: _____ Postal Code: _____

Phone #: _____

Email: _____

Please explain your previous association with CNHA & what you intend to contribute to the organization as an Associate Member

3.3 BECOMING A MEMBER

Any person may apply to the Board to become a Member of the Society. Such person is entitled to become a Member, upon:
(a) completion of such application forms and provision of such information as the Board may reasonably require;
(b) payment of the applicable fee; and
(c) approval of the Board, in the case of Associate Members and Honorary or Lifetime Members.

For Office Use Only

CNHA Membership Number:
