



2024/2025 Membership

(all fields must be filled in to be a valid form)

Name: _____

Address: _____

City: _____

Postal Code: _____

Phone Number: _____

Email Address: _____

Dated this _____ day of _____, 2024

I wish to be a Paid Member and have Voting Rights

I wish to Self-Nominate run for a position on the Board of Directors (Fee Required)

I wish to be a Member Only with No Voting Rights (No Membership Fee required)

Signature: _____

Completed membership forms are to be emailed to,
president@redcirclehockeyclub.com no later than April 20th.

\$15 membership fee to be e-transferred to keith@redcirclehockeyclub.com