



Red Circle Hockey Club Membership

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

Membership Year: _____

Name: _____

Address: _____

City: _____

Postal Code: _____

Phone Number: _____

Email Address: _____

Dated this _____ day of _____, _____.

I wish to be a Paid Member and have Voting Rights

I wish to Self-Nominate and run for a position on the Board of Directors
(Must be Paid Member)

I wish to be a Member Only with No Voting Rights (no membership fee is required)

Signature: _____

Completed membership can be submitted in person to the Annual General Meeting or
emailed to the President of the Red Circle Hockey Club at
president@redcirclehockeyclub.com no later than April 15th each year.