



NEW YORK STATE  
HOCKEY OFFICIALS ASSOC.  
P.O. BOX 1041  
WEST SENECA, NY 14224



## MEMBERSHIP APPLICATION

DATE: \_\_\_\_\_ LEVEL APPLYING FOR: \_\_\_\_\_

NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

TOWN: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_

HOME PHONE: \_\_\_\_\_ CELL PHONE: \_\_\_\_\_

E-MAIL ADDRESS: \_\_\_\_\_

DATE OF BIRTH: \_\_\_\_\_ AGE: \_\_\_\_\_

HAVE YOU EVER OFFICIATED ANY SPORT BEFORE: \_\_\_\_\_ IF YES:

\_\_\_\_\_

HAVE YOU EVER OFFICIATED HOCKEY BEFORE: \_\_\_\_\_ IF YES:

\_\_\_\_\_

HAVE YOU EVER PLAYED HOCKEY BEFORE: \_\_\_\_\_ IF YES:

\_\_\_\_\_

HAVE YOU EVER COACHED HOCKEY BEFORE: \_\_\_\_\_ IF YES:

\_\_\_\_\_

DO YOU BELONG TO ANY OTHER ICE HOCKEY OFFICIALS ASSOC:  
\_\_\_\_\_ IF YES: \_\_\_\_\_

WHAT THREE RINKS ARE NEAR YOU: 1. \_\_\_\_\_  
2. \_\_\_\_\_  
3. \_\_\_\_\_

IF UNDER 15, NYSHOA RECOMMENDATION: \_\_\_\_\_

\*\* The above provided information is accurate to the best of my ability.

Applications can be e-mailed to [apply@nyshoa.com](mailto:apply@nyshoa.com) or mailed to **PO Box 1041, West Seneca, NY 14224**

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