



Center Ice Club

555 Borry Drive, Suite 1066, Columbus, Ohio 43210
 www.ohiostatehockey.org

2009-2010 Membership Form

Please complete in its entirety.

Renewal

New Membership

Member Names: Age (14-18) * Work Phone Cell Phone E-Mail Address

_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

* All members 14 years of age and older must complete and sign the Compliance Form and return it with your remittance.

Street Address: _____

City, State, Zip: _____

Home Phone: (____) _____

<u>Membership Type</u>	<u>Amount</u>	<u>Total Amount Paid</u>
Individual	\$ 35.00	\$ _____
Student	15.00	\$ _____
Family	45.00	\$ _____
Corporate	150.00	\$ _____
Donation		\$ _____

<u>Center Ice Club t-shirt</u>	<u>Qty</u>	<u>Price/shirt</u>	<u>Total Amount Paid</u>
Size: _____	_____	\$ 12.00	\$ _____
Size: _____	_____	\$ 12.00	\$ _____
Size: _____	_____	\$ 12.00	\$ _____
Total Amount Submitted			\$ _____

Please make checks payable to
 and send completed application to:

Center Ice Club
555 Borry Drive, Suite 1066
Columbus, Ohio 43210

Circle credit card type:

VISA MasterCard Discover Amex

Credit card number:

Exp. Date

___/___/___

Billing address if different from above

Signature: _____

Please direct questions to cicmembership@ohiostatehockey.org.

Can we contact you for volunteer opportunities? Yes No

Office Use Only:		
Membership # _____	Check # _____	Date _____

Member Certification of Compliance
2009-2010 Membership

Date: _____ Organization: Center Ice Club

As a condition of membership in this organization, I certify and agree to the following:

1. I have not offered or provided a prospective student athlete, or an enrolled student athlete, an improper inducement or extra benefit, and I have not engaged in any other violations of NCAA, Big 10, or University rules and policies applicable to Ohio State's intercollegiate athletic program.
2. I am not currently aware of any violations of NCAA, Big 10, or University rules and policies applicable to Ohio State's intercollegiate athletic program.
3. I will abide by all NCAA, Big 10, and University rules and policies applicable to Ohio State's intercollegiate athletic program, and will report to the Director of Athletics or his/her designee, and to the Assistant Athletic Director for Compliance Services, any violations of those rules and policies of which I become aware.
4. I will not participate in any organized gambling activity involving intercollegiate athletics in violation of NCAA, Big 10, and University rules and policies and/or applicable law.
5. I understand that if I engage in conduct that is determined to be a violation of NCAA, Big 10, or University rules and policies applicable to Ohio State's intercollegiate athletic program, both this organization and The Ohio State University may withhold any benefits or privileges relating to Ohio State's intercollegiate athletic program to which I may otherwise be entitled.

Signature of Member(s)

Full name(s) of Member(s) (Print or Type)