



Preserving the Legacy by Honoring the Past

Springfield Hockey Heritage Society
90 Front Street
West Springfield, MA 01089
Website: hockeyspringfield.org

Membership Application

Name: _____

Address: _____

City: _____

State/Prov: _____ Zip/Postal Code: _____

Telephone: _____

Email: _____

I am a (please check one of the following):

Fan _____ Player _____ Associated with Team _____ Official _____

Other (please describe): _____

Enclosed is my check/money order in the amount of \$20 USD payable to:
Springfield Hockey Heritage Society

If you prefer to enroll for more than one season, memberships of at least two seasons receive a commemorative Springfield Hockey Heritage Society tee shirt. Please indicate length of membership and your shirt size: _____

Yes, I would like to make an additional donation to aid in establishing the Society and in operating the office: _____ Amount: _____

Yes, please contact me about advertising with the Society on the website: _____