



OCAC's Civilian Advisory Council Inc.

APPLICATION FOR MEMBERSHIP

Please fill out completely and mail or deliver to Membership Committee.

Applicant Name _____ D.O.B. _____

(Name must match your license exactly)

Street Address _____ P.O. Box _____

Town _____ State _____ Zip _____

Seasonal Address (if applicable) _____

Home Phone _____ Work Phone _____ Cell _____

Email Address _____ Spouse's Name _____

Profession _____ Job Title _____

Work Address _____

Have you been active in community affairs? Please explain _____

Reason for your interest in OCAC; please be specific _____

Please provide any additional information you feel the membership committee should be aware of in reviewing your application (use additional sheet if necessary) _____

SPONSOR INFORMATION

Each Applicant must obtain two OCAC member Sponsors. *The Sponsors will be responsible for insuring the Applicant has reviewed the by-laws and understands his/her responsibilities as a member of the OCAC, is introduced to other members and that the Applicant meets attendance requirements during the first year of membership.*

Sponsor Name _____ Telephone _____

Co-Sponsor Name _____ Telephone _____

How long have you known the Applicant? Sponsor _____ Co-Sponsor _____

Is contact business/social, or both? Sponsor _____ Co-Sponsor _____

I have reviewed the by-laws with the Applicant. Sponsor Initials _____

Provide any information you think might be helpful to the Membership Committee in evaluating Applicant for membership (required):

Sponsor Signature _____ Date _____

Co-Sponsor Signature _____ Date _____

THE PRIMARY GOALS OF THE OCAC ARE TO:

- Support common interest of civilian and military population
- Increase community understanding of the Mission of Joint Base Cape Cod
- Assist military and community leaders in carrying out their respective responsibilities
- Support scholarships and assistance for military families

The applicant, by signing below, agrees that he/she has reviewed the by-laws, will participate as a full member of the OCAC by participating in all business and social activities, and serve on OCAC committees. Please specify **Two** Committees you will be interested in serving on:

- The Military Affairs Committee
- Finance Committee
- Audit Committee
- Membership Committee
- Memorial Park Committee
- Program Committee
- Scholarship Committee
- Website Maintenance and Oversight Committee
- Fundraising Activities

Applicant's Signature _____ Date _____

Please submit with your application a check for \$45.00, made payable to OCAC. If your membership is approved it will be applied to your initial dues. If membership is not approved, it will be returned.

Mail application to Otis Civilian Advisory Council, Inc., Membership Committee, P.O. Box 651, Falmouth, MA 02541

Membership Committee Use

Date Application Received by Committee _____ Date Acted On _____

Approved (Initials) _____ Denied (Initials) _____

Comments (if any) _____

Date Approved by Board of Directors _____