



# tis 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) \_\_\_\_\_

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## 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):

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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
- ☐ Audit Committee
- ☐ Membership Committee
- ☐ Memorial Park Committee
- ☐ Program Committee
- ☐ Scholarship Committee
- ☐ Website Maintenance and Oversight Committee
- ☐ Fundraising Activities Committee
- ☐ ByLaw's Committee
- ☐ Nominating Committee

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 \_\_\_\_\_