Otis Civilian Advisory Council Inc.



Serving Those Who Serve Us

Established 1947

OCAC Membership Committee, F	P.O.Box	651, Falm	outh, MA, 0	2541
Renewal membership		New Mem	bership	
Renewals: Page 1 Only.	New	/ Applica	tions: All	Pages.
Please fill out completely and mail or deliver to Membership Committee.				
First NameLa	Last Name		M	l
D.O.B State & Drivers License #				
Street Address	P.O. Box			
City/Town		State	Zip	
Home Phone		Cell _		
Email Address				
I give OCAC permission to send me emails pertaining to OCAC activities and the JBCC (Joint Base Cape Cod) yes no				activities
Spouse's Name				
Seasonal Address (if applicable)				
Profession	_ Job T			
Work Address	Work Phone			

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				
How long have you known the Applicant? both?	Is contact business/social, or			
Sponsor				
Co-Sponsor				
I have reviewed the by-laws with the Appli	icant.			
Sponsor Initials				

Provide any information you think might be Committee in evaluating Applicant for mem	helpful to the Membership hbership (required):			
Sponsor Signature Co-Sponsor Signature	Date Date			
THE PRIMARY GOALS OF THE OCAC AI	RE TO:			
 Support common interest of civilian and military population 				
 Increase community understanding of the Cod 	e Mission of Joint Base Cape			
 Assist military and community leaders in responsibilities 	carrying out their respective			
 Support scholarships and assistance for 	military families			
 The applicant, by signing below, agrees laws, will participate as a full member of business and social activities, and serve 	the OCAC by participating in all			
Please specify Two Committees you wi	II be interested in serving on:			
The Military Affairs Committee Fundraising Activities Committee Nominating Committee Scholarship Committee Memorial Park Committee Website Maintenance and Oversight Com	Audit Committee By Laws Committee Program Committee Membership Committee			
Applicant's Signature				
Date				

Please submit with your application, a check for \$45.00 (\$36.00 if spouse or family member in same household, therefore \$81 for two OCAC memberships).

Make check payable to Otis Civilian Advisory Council, Inc.

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