

## OAK BLUFFS ASSOCIATION MEMBERSHIP APPLICATION FORM

The Oak Bluffs Association was established in 1991 to support a harmonious working relationship among members of the business community, civic associations, town officials and the citizens of Oak Bluffs.

### GOALS:

1. Promote Oak Bluffs as the #1 tourist destination through events and media (web, map, etc.)
2. Produce and distribute a calendar of events each year that will promote our events and members
3. Find ways to extend the shoulder season business
4. Work with organizations and town officials to improve the town and create a more productive and harmonious working relationship among all parties.

To become a member, please fill out the form below and return with a check for \$200 (\$100 for a home business or non-profit) made payable to: **Oak Bluffs Association, P.O. Box 1521, Oak Bluffs, MA 02557**. Membership is renewable on January 1 of each year. Your membership dues includes a listing on the OBA web site (oakbluffsmv.com). While dues are not considered a charitable deduction, they are deductible as a business expense. If there is a hardship, dues may be paid in two installments. Your cancelled check will serve as a receipt. Anyone joining after June 1, membership is good through December 31 of the following year (one and a half years total).

NAME OF BUSINESS \_\_\_\_\_ DATE \_\_\_\_\_

STREET ADDRESS \_\_\_\_\_

MAILING ADDRESS \_\_\_\_\_

Street/ # or P.O. Box #      Town/City      State      Zip Code  
BUSINESS PHONE \_\_\_\_\_ OWNER/MGR NAME \_\_\_\_\_

WEB: \_\_\_\_\_ e-mail \_\_\_\_\_ FAX# \_\_\_\_\_

HOME ADDRESS \_\_\_\_\_

Street/ # or P.O. Box #      Town/City      State      Zip Code  
WINTER ADDRESS \_\_\_\_\_

Street/# or P.O. Box #      Town/City      State      Zip Code  
OFF ISLAND FROM \_\_\_\_\_ to \_\_\_\_\_ (dates in off season)

# of years in business \_\_\_\_\_ Open year round? \_\_\_\_\_ or from \_\_\_\_\_ to \_\_\_\_\_

Are you a member of the MV Chamber of Commerce? \_\_\_\_\_ other organizations? \_\_\_\_\_

Please list \_\_\_\_\_

Your experience, knowledge and opinions are VERY important. Please use the reverse side of this form for comments about what you would like to see for the future of the OBA; goals and programs. Also list areas of expertise/interest that you might like to pursue in the organization.

We hope you will consider membership in this vital and supportive organization. If you have any questions, please email OBA Director Becca Rogers at [obainfo@yahoo.com](mailto:obainfo@yahoo.com).