



OACS MEMBERSHIP APPLICATION

APPLICANT INFORMATION

Your Name:	Spouse's Name:	
Mailing address:		
City:	State/Province:	ZIP/Postal Code:
Phone:	Cell:	E-mail:

SMUGGLERS' INFORMATION

Smuggs Regime and Unit(s)#:	Smuggs Ext. #:	How long owned? _____ yrs.
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VOLUNTEERING

Would you and/or your spouse be interested in serving on a committee or the EC (Executive Committee) of OACS?

Name:	Area of Interest: (Housekeeping, Finance, Marketing, Energy, Security, etc.)

SIGNATURE

I hereby agree to become a member of OACS and acknowledge that I expect to receive an invoice for the annual OACS fee of \$275.00. The membership is payable annually and is non-refundable. Membership in OACS may be cancelled at any time, with 30 days notice in writing.

Signature of applicant	Date:
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Remit to: OACS
 PO Box 490
 Jeffersonville, Vermont 05464