



OCEAN PARK ASSOCIATION

14 Temple Avenue • PO Box 7296 • Ocean Park, ME 04063-7296
Phone: 207-934-9068 • Fax: 207.934.2823 • www.oceanpark.org • opa@oceanpark.org

2010 Application for Membership

Please select which type of membership you are applying for:

- Adult Membership (\$100 per person/year)
 Youth Membership (under 21) (\$12 per person/year)
 Life Membership (\$1,000)

PERSONAL DATA:

Name: _____

Permanent (Winter) Address: _____

Telephone: _____ Email: _____

Ocean Park Address (Street & PO Box – if applicable): _____

Ocean Park Phone: _____ Do you own this property? (Please check one): Yes No

OCEAN PARK ASSOCIATION MISSION STATEMENT

The Ocean Park Association was founded in 1881 as a summer retreat under Charter granted by the State of Maine. The purpose of the OPA is to affirm the tradition and spiritual heritage of which we are heirs, through a summer assembly program where Christian worship, principles, and ideals are at the focus; where diversity is celebrated and the dignity of all is embraced and respected; where natural beauty of our seaside resort is conserved and enhanced; and where programs centered on religion, education, recreation, and culture provide opportunities for individual growth and family enrichment.

I agree with the mission of the Ocean Park Association. I understand that an Active Member pays annual dues and, whenever possible, participates on committees and attends the annual meeting.

If you agree with the above statements, please re-type your name and the date below.

Signed: _____ Date: _____

PAYMENT OPTIONS: (PLEASE SELECT ONE)

If you'd like to pay by check or credit card, please print out this form and mail it to the address above, along with your payment.

Please send me a bill I have enclosed a check (Check# _____)

I wish to pay by credit card (___ Visa | ___ Master Card | ___ Discover)

Card Number: _____ Exp. Date: _____ Security Code: _____
(3-digit code on back)

Authorized Signature: _____

OPTIONAL ADDITIONAL INFORMATION:

Family Members: _____

Occupation: _____

Interests and Hobbies: _____

OPPORTUNITIES FOR PARTICIPATION:

Please indicate your interests by checking one or more of the following:

- | | | |
|---|---|--|
| <input type="checkbox"/> Budget and Finance | <input type="checkbox"/> Music | <input type="checkbox"/> Maintenance & Building Repair |
| <input type="checkbox"/> Fundraising | <input type="checkbox"/> Library | <input type="checkbox"/> Adult Learning/Cultural |
| <input type="checkbox"/> Public Relations | <input type="checkbox"/> Youth Activities | <input type="checkbox"/> Educational Programs |
| <input type="checkbox"/> Social Activities | <input type="checkbox"/> Recreation | <input type="checkbox"/> Visitor's Center and Office |

THANK YOU FOR YOUR SUPPORT! - IF YOU'D LIKE TO SEE A LIST OF OPA COMMITTEES, PLEASE CLICK [HERE](#).