



Our Charlotte Elder Affairs Network
Waves of Support for Senior Citizens

MEMBERSHIP APPLICATION

(Annual dues are \$50/organization – up to (3) three representatives per organization)

Date: _____

OCEAN Web Site: www.ocean-fl.org

Organization Name: _____

Mailing Address: _____

Web Site Address: _____

How did you hear about OCEAN? _____

Representative Names (up to 3)

1) _____ E-mail _____

2) _____ E-mail _____

3) _____ E-mail _____

Additional Representative Information

1) Ph _____ Cell _____ Fax _____

2) Ph _____ Cell _____ Fax _____

3) Ph _____ Cell _____ Fax _____

Please Mail Form To:

OCEAN, P.O. Box 496269, Port Charlotte, FL 33949-6269

OCEAN membership dues received from: _____
Organization/Member

Check (\$50) Check # _____ Cash (\$50) Dues period: 1/1 – 12/31

Received by: _____ (Treasurer) Date received: _____