

OUR SHORELINE COMMUNITY ASSOCIATION



MEMBERSHIP APPLICATION

Name:		
Date of birth:	Home Phone:	Cell:
Address:		
Town:	State:	ZIP Code:
Email:		

OTHER HOUSEHOLD MEMBER INFORMATION-IF JOINT MEMBERSHIP

Name:		
Date of birth:	E-mail:	

EMERGENCY CONTACTS

Name:		
Address:		
Town:	State:	ZIP code
Relationship to OSCA member:		

SECOND EMERGENCY CONTACT

Name:		
Address:		
Town:	State:	ZIP code
Relationship to OSCA member:		

PRIMARY DOCTOR'S NAME (OPTIONAL)

NAME:	PHONE:
ADDRESS:	

I, the undersigned, give Our Shoreline Community Association authorization to contact people listed for emergencies.

Signature:	Date:
Signature of other household member(s):	Date:

- Enclosed is my annual membership of \$365 per household (quarterly payments of \$91.25 are acceptable).**
- Make checks payable to: " Our Shoreline Community Association. "**
- Mail to: Our Shoreline Community Association,
PO Box 287, West Mystic, CT 06388-0287**

Information you give to Our Shoreline Community Association will not be shared with anyone outside the Our Shoreline Community Association staff. We will only use your email address and mailing address to share information relevant to Our Shoreline Community Association. Contact: Stephanie Panagos, Coordinator at (860) 271-1681 for more information.