



OAC MEMBERSHIP
FORM

Date: _____
Name of Organization/ Community: _____

Address: _____

Email: _____ Phone No: _____

Name of Authorizing Officer: _____

Why do you want to associate with OAC?

What are some of your community major events?

Is there any major ongoing project at the moment?

How can this events/ projects benefit from OAC?

What is your organization bringing onboard to OAC?

How long is your community/ organization established or constituted in WA?

When do you mark your country's independence in WA?

Will your community be needing any form of capacity building from OAC?

Is your community a member of any other organization in WA?

Name

Signature/ Date