

Oakmont Village Association
Application for Recognition by OVA
for
Oakmont-Based Organizations

Date _____ **Instructions:** Attach extra pages of explanation as necessary.

Name of Organization _____

Contact (Name, address, phone): _____

Purpose of Organization _____

Membership Eligibility Criteria _____

Percentage of your members who are Oakmonters¹ _____

Do you maintain a bank account for this group? ____ If yes, please provide the Tax ID Number _____

Incorporated? ____ If yes, please provide a copy of the Articles of Incorporation

Do you have Bylaws? ____ If yes, please provide a copy.

Name & Title _____ Signature _____

Office Use Only:

RC__ RB__ RNB__ RA__; per Board action on _____

NQ__ : Use OK __ Use denied __

NOTE: Facility space is subject to availability.

¹ Defined as 100% OVA members and/or Oakmont residents