



Outdoor Amusement Business Association Director Application *Submission Deadline: November 1*

Name _____ Date _____
Address _____ Phone _____
_____ Fax _____
E-Mail _____
Business _____ Position _____

EXPERIENCE (Please give us your amusement industry background, with dates)

EDUCATION (High School, Trade School, College, Industry Certification, etc.)

MEMBERSHIPS (Showman Clubs, Trade Associations, Social Organizations, etc.)

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PLEASE INDICATE WHY YOU WOULD LIKE TO SERVE THE OABA BOARD (Directors serve a two-year term, beginning in February, and may serve a total of five consecutive two-year terms, upon being re-elected).

WHAT DO YOU BELIEVE YOU CAN CONTRIBUTE TO THE OABA IN ORDER TO ACHIEVE OUR “PURPOSE”? (Use reverse if necessary)

By-Laws state that the purpose of the OABA shall be:

- a) To promote and encourage the development of the carnival industry, consisting of persons and firms engaged in providing family entertainment and outdoor recreation;
- b) To provide a center which will bring members together at specified times for exchange of information and programs that promote and benefit the industry;
- c) To collect and disseminate information concerning the interests, welfare, statistics and legislation affecting the industry;
- d) To promote the welfare of the industry and the public which it serves through continuing education programs, code of ethics, safety compliance and legislative activity through its membership;
- e) To undertake such other programs and activities as may, at the discretion of the board of directors, be necessary and proper.

REFERENCES

Name _____ Phone _____

Business _____ Years knowing you _____

Name _____ Phone _____

Business _____ Years knowing you _____

Name _____ Phone _____

Business _____ Years knowing you _____

WOULD YOU HAVE A PROBLEM ATTENDING BOARD MEETINGS?

(Meetings are usually held in conjunction with industry trade shows and conventions, except for the spring board meeting in April or May. Members attend these meetings at their own expense).

Yes _____ No _____

DO YOU AGREE TO COMPLY WITH THE OABA'S DIRECTOR STANDARDS OF CONDUCT AND RESPONSIBILITIES?

Yes _____ No _____

HAVE YOU EVER BEEN CONVICTED OF A CRIME?

Yes _____ No _____

IS THERE ANYTHING ELSE YOU WOULD LIKE US TO KNOW ABOUT YOU? (Use reverse if necessary)

Thank you for your time and consideration to serve the OABA as a Director.

Please mail or email to: OABA President
1305 Memorial Avenue
West Springfield MA 01089
Email: oaba@oaba.org