

Operation Turn Around

Membership

Operation Turn Around (OTA) is a community based grassroots 501(c)(3) non-profit organization. OTA has been operating since March of 2009. Our goals are to address issues relevant in our immediate community such as health and wellness, diversity, education, projects such as urban beautification, local job creation and district representation. We also rise to combat social perils by planning programs that stoke the community's hunger for education and foster the notion of civic engagement by residents. In achieving these goals, our hope is to generate a better understanding of our community and create mutual respect and interest in surrounding communities, inspiring a synergetic urban network.

Membership in OTA means joining a team of positive, dedicated, forward-thinking people. It allows you to exercise your strengths and abilities, using innovative methods to directly help others. OTA members are creative; they vary in thinking, age, personal background and location. Yet we are all individuals committed to making a difference. Members attend meetings and events regularly and make measurable contributions toward the success of the organization. OTA believes in empowering our members. Through membership, you will gain skills, insights and experience while maintaining a focus driven path toward improving your community.

To apply for membership, please complete and return the application below. **Be sure to include your CV or resume along with the application fee for your desired membership level.** Forms may be scanned and e-mailed to membership@otaworks.org or sent by post to the address on the form. Please be as thorough as possible when informing us how you can be of most assistance.

| thorough as possible when informing us how you can be of most assistance. | | |
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| We look forward to hearing from you! | | |
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| Thank you, | | |
| OTA Staff | | |

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Membership Application

| *Please print and write legibly.* | |
|--|--|
| Name | Date |
| Mailing Address | |
| E-Mail | Phone |
| | fessional) you are affiliated with and in what capacity: |
| Why do you think it is important to serve communi | ities? |
| | |
| What is your greatest strength? Why? | |
| What is your greatest weakness? Why? | |
| How would you describe yourself? | |
| | |
| Have you ever been convicted of a crime? (circle on If so, what was the outcome? | Yes / No |
| | |
| | |

| What would be your ideal volunteer opportunity? | | |
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| I would like assistance with: | | |
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| Comments: | | |
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| Membership Level: (check one) | | |
| Student \$40.00 (with valid ID) | ☐ Platinum \$1,000.00 | |
| Regular \$100.00 | ☐ Founders Club \$5,000.00 | |
| ☐ Silver \$250.00 | ☐ Diamond Club \$10,000.00 | |
| ☐ Gold \$500.00 | | |
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| • | | |
| | , have reviewed the documents contained within this se questions sincerely and to the best of my ability. | |
| | | |
| X | Date | |
| (Signature) | | |
| | | |
| Please enclose payment and mail to: | | |

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P.O. Box 140152 Staten Island, NY 10314