

OA VIRTUAL SERVICE BOARD REGISTRATION/CHANGE FORM



Form submitted by* _____

Phone* _____

Email: _____

Effective Date: _____

VSb NUMBER

--	--	--	--	--

Check here if registering a
NEW Virtual Service Board

***Required**

Please print clearly

VSb NAME	Name of Virtual Service Board:
<input type="checkbox"/> CHANGE	
MAILING ADDRESS	C/O or P.O. Box:
<input type="checkbox"/> CHANGE	
NOTE: This address will be listed in the directory and on OA's Web site as <i>written</i> . Enter mailing address as it should appear on mailing label.	
	Email:
	Web site:
CONTACT INFORMATION	Phone: _____ Email: _____
<input type="checkbox"/> CHANGE	Web site: _____
SERVICE POSITIONS	Chairperson's Name:
<input type="checkbox"/> CHANGE	Full Address:
	Phone: _____ Email: _____
	Secretary's Name:
	Full Address:
	Phone: _____ Email: _____
	Contact People for business between WSO and VSb:
	Name:
	Phone: _____ Email: _____
	Name:
	Phone: _____ Email: _____

