



**New Membership Application \$25 Annual Fee
(July 1 thru June 30)**

Fee waived for those with financial need

fee attached fee to come Please waive fee

Please Print

Date: _____

Name(s)- _____

Address- _____

City _____ County - _____

Email- _____

Home Phone _____ Cell Phone _____

Best way to contact you? _____

Would you be interested in any of the following volunteer opportunities?

- Marketing Oasis – join committee to discuss and implement marketing of Oasis to non-members and organizations. (Commitment 2-3 hours a month to get started)
- Media relations – Someone who can contact local radio, newspaper, etc to get information about Oasis using public media. (Facebook and website roles are currently filled.) (Commitment 1 -2 hours a month).
- Nominating Committee – a yearly activity. Helps find candidates for the board and emails out slate for voting. 2-3 people not on the board desired. (Commitment 4-6 hours)
- Welcoming Committee – meeting set up and clean up. Checking folks in and making them welcome. Once a month at the meeting responsibility. (Commitment at meetings)
- Monthly Events – Join Education/Hospitality Committee – Help come up with event ideas and coordinate speakers (Commitment 1-2 hours a month)
- Coordinated Living Committee – Work with families on interdependent living helping them create family partnerships and mini-communities. We will be continuing to provide information to our families throughout the year, helping family partnerships. (Commitment will vary as family groups come together)

Your responses to the following questions will help us better understand our members, their families, and their interests.

Family size (number), “family” to include everyone in your household, whether related or not:

Makeup of your family members (such as mom, dad, one son and one daughter – Names please):

Turn over to complete the other side

Please answer each question below with a separate line for each special needs person.

Please list the minor or adult person(s) in your family with special needs date of birth.
Example: Jane Smith Feb 18, 1984.

What are the special needs of each child/adult (diagnosis, limitations, etc.) List all if they have multiple needs.

Does the child/adult with special needs use a wheelchair, walker or other medical device? What?

Does your child/adult need 24/7 care? _____

Does your child/adult need support services daily or weekly? Circle one

How many hours of support services? _____

Who gives the primary care support to the member of your family with disabilities?

Is the individual you are here on behalf of receiving any of the following public funds?

_____ No If yes, check all that apply

___ SSI/SSDI ___ Medicaid ___ Medicare ___ Support Living Services

Family's Contribution to support the individual with disabilities (check one)

___ 100% ___ over 50% ___ between 25 & 50% ___ Less than 25%

Other Comments/Concerns/Interests-

Mail to Lynn Surdock at 8200 Peachtree Ave. Rockford, MI 49341



I hereby release and hold harmless OASIS from any reasonable expectation of privacy or confidentiality for myself and for the minor child(ren) and the adult disabled individuals for which I am the court appointed legal guardian, listed below associated with the images specified above. Further, I attest that I am the parent or legal guardian of the child(ren) or adult disabled individuals listed below and that I have full authority to consent and authorize OASIS to use their likenesses and names.

I further acknowledge that participation is voluntary and that neither I, the minor child(ren) or adult disabled individuals listed below will receive financial compensation of any type associated with the taking or publication of these photographs or participation in company marketing material or other company publications. I acknowledge and agree that publication of said photos confers no rights of ownership of royalties whatsoever. I hereby release OASIS, its contractors, its employees and any third parties involved in the creation or publication of company publications, from liability for any claims by me or any third party in connection with my participation or the participation of the minor children listed below.

Authorization:

Printed Name: _____

Signature: _____ Date: _____

Street Address: _____

City: _____ State: _____ Zip Code: _____

Relationship to Child(ren): _____

Names and Ages of Family members:

Name: _____ Age: _____

Name: _____ Age: _____

Name: _____ Age: _____

Name: _____ Age: _____

Name: _____ Age: _____