

New Member Form & Waiver

One Person per Form | PLEASE PRINT CLEARLY

Name: _____ Nickname: _____

Address: _____ Birthday: _____

City/State/Zip: _____

Phone: _____ Cell: _____

Email*: _____

* **OPT-IN:** I give Oasis permission to add me to their email list: Yes No
Your email will only be used for Oasis communications; it will never be shared for any other purpose.

Past/Present Occupation: _____

Are you a seasonal resident? Yes No
If yes, dates you are usually out of town?

Is your spouse/partner a member? Yes No
Spouse Name: _____

From: _____ To: _____

Spouse Birthday: _____

Emergency Contact

Name: _____

Relationship: _____ Phone: _____

How did you hear about Oasis?

Media (TV, Newspaper, Radio) Friend Special Event Presentation
 Other: _____

If you are interested in volunteering with Oasis, please check your interests:

Office Support Computer/IT Tutor Special Events Volunteer Instructor
 Offsite Ambassador Publicity Fundraising Grant Writing Other: _____

About You

The following information is optional. It will be held strictly confidential. Demographic information is used in applications for grant funding. Your response is greatly appreciated.

Gender: Male Female Are you a Veteran? Yes No

Marital Status: Single Married Widowed Divorced

Ethnicity: African American Asian Native American Hispanic
 Caucasian Other

Highest Level of Education: Grade School High School Some College
 College Degree Post Graduate

Annual Household Income Level Less Than \$25K \$26 to \$48K \$49 to \$85K \$85K+

PLEASE COMPLETE AND RETURN THIS FORM TO AN OASIS CENTER NEAR YOU

MyOasis User Name: _____ **Password:** _____