



Membership Form (July 1 thru June 30)

Two Membership Levels:

\$45/year **Community Members** – basic level

- Monthly membership meetings and emails on Oasis Events and Facebook Page
- Requirement to volunteer for one activity, event, committee, or board position per year.
- Networking and connections with others in the Community Member Group
- Friendship buildings between disabled adults
- Members-only events
- The ability to serve on the board or as a committee member

\$180/year **Participating Family Members** – intentional community/interdependent living

This level of membership is required for inclusion in Oasis supported housing options.

- All the benefits of Oasis Community Members
- Requirement to volunteer for two activities, two events, a committee, or a board position
- Training toward self-advocacy, community living and independence
- Additional social and recreational activities through community builder staff (additional funding)
- Access to the Uniquely Abled Oasis Friends private Facebook group which is a communication avenue for members to coordinate social activities with each other.
- Access to adult workshops, on a variety of topics, including making an “about me” book for your disabled adult in a fun setting with other parents.
- Training classes such as: Cooking, meal planning, home maintenance, etc.
- One-on-one coaching between family and trainer.

If you have questions regarding membership with Oasis Community of West Michigan please contact:
Lynn Surdock, Membership Chair at lsurdock@wpe-engineering.com or call: (616) 340-9627

You may also contact Lynn using the contact link on our website membership page.

Please **make checks payable to Oasis Community of West Michigan** and mail application with check to:

Lynn Surdock
Oasis Membership Chair
8200 Peachtree Ave NE
Rockford, MI 49341-9303



Please Print

Date: _____ 20____

Parent/Guardian1 First: _____ Last: _____

Parent Legal Guardian Other

Parent/Guardian2 First: _____ Last: _____

Parent Legal Guardian Other

Address _____

City _____ State _____ Zip _____ County _____

Email _____ Join email list

Phone _____

Volunteering is required for membership. Please check your area of interest for volunteering:

- | | | | |
|---|---------------------------------------|---|---|
| <input type="checkbox"/> Event planning | <input type="checkbox"/> Event set-up | <input type="checkbox"/> Event clean-up | <input type="checkbox"/> Event greeting |
| <input type="checkbox"/> Membership | <input type="checkbox"/> Marketing | <input type="checkbox"/> Communications | <input type="checkbox"/> Grant writing |
| <input type="checkbox"/> Plan 1 event | <input type="checkbox"/> Class helper | <input type="checkbox"/> _____ | <input type="checkbox"/> Already assigned |

Do you have special skills to volunteer? _____

Disabled person1: _____ DOB ____/____/____

Primary Disability: _____ Secondary: _____

Physical Limitations: None Wheelchair Walker Crutches Other

Disabled person1 email: _____ Join email list

Disabled person2: _____ DOB ____/____/____

Primary Disability: _____ Secondary: _____

Physical Limitations: None Wheelchair Walker Crutches Other

Disabled person2 email: _____ Join email list



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.

Community Member \$45/yr. **Participating Family \$180/yr.**

fee attached **fee paid online** **fee to come**

Authorization:

Printed Name: _____

Signature: _____ Date: _____

Oasis Community of West Michigan welcomes and embraces diversity in all forms. We do not discriminate based on race, color, religion, gender, gender expression, age, national origin, disability, marital status, economic status, or sexual orientation in our membership or any of our activities or operations. Although we hold many of our activities in a church building, we are not a faith-based organization.

Oasis Community of West Michigan is a registered 501(c)3 non-profit corporation.



Remittance Form for Mail Membership

Date: _____

First Name: _____ Last Name: _____

Membership:

Community \$45 Participating \$180

Membership Form: Submitted Online Form Attached

Add donation:

Enclosed is my tax-deductible donation of \$ _____

Oasis Community of West Michigan is grateful for your support. Thank you!

Please make check payable to **Oasis Community of West Michigan**

Mail to:

Oasis Community of West Michigan
c/o Lynn Surdock
8200 Peachtree Ave. NE
Rockford, MI 49341-9303