



Membership Form (July 1 thru June 30)

Two Membership Levels:

**\$45/year Community Members or Supporting Members**

- 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](mailto: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? \_\_\_\_\_

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Disabled person1: \_\_\_\_\_ DOB \_\_\_\_/\_\_\_\_/\_\_\_\_

Primary Disability: \_\_\_\_\_ Secondary: \_\_\_\_\_

Physical Limitations:  None  Wheelchair  Walker  Crutches  Other

Disabled person1 email: \_\_\_\_\_  Join email list

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Disabled person2: \_\_\_\_\_ DOB \_\_\_\_/\_\_\_\_/\_\_\_\_

Primary Disability: \_\_\_\_\_ Secondary: \_\_\_\_\_

Physical Limitations:  None  Wheelchair  Walker  Crutches  Other

Disabled person2 email: \_\_\_\_\_  Join email list

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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