



oasis

Membership Application

Date _____

First Name _____

Last Name _____

Street Address _____

City/State/Zip _____

Home Phone _____

Cell Phone _____

E-Mail _____

Date of Birth _____

Handicapped? Yes No

Live Alone? Yes No

Occupation / Interests / Hobbies

Willing to volunteer? Yes No

Newsletter preference? Print E-mail

Volunteer Area?

Doctor Name _____

Doctor Phone _____

Emergency Contact #1

Emergency Contact #2

Name _____

Name _____

Phone _____

Phone _____

Relationship _____

Relationship _____

I agree to hold free and harmless Orcutt Area Seniors In Service, Inc. and the Orcutt Union School District from any liability, loss, claims or damages that may be incurred while engaging in programs or services at the Luis OASIS Senior Center.

Signature _____

Date _____

Membership dues are \$15 annually for a single and \$25 for a couple. Please make checks payable to Luis Oasis Senior Center. Please mail application to: Orcutt Area Seniors In Services, inc. P.O. Box 2637, Santa Maria, CA 93457