



# oasis

## Membership Application

Date \_\_\_\_\_

First Name \_\_\_\_\_

Last Name \_\_\_\_\_

Street Address \_\_\_\_\_

City/State/Zip \_\_\_\_\_

Home Phone \_\_\_\_\_

Cell Phone \_\_\_\_\_

E-Mail \_\_\_\_\_

Date of Birth \_\_\_\_\_

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 \$20 annually for a single and \$35 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