



Membership Application Form

Date: _____

Location: Baldwin Hills Westside

(Please Print)

First Name: _____ MI: _____ Last Name: _____

Date of Birth: ___/___/19___ Home Phone: (_____)_____ Cell Phone: (_____)_____

Residence Address: _____
*Please include all information, including apartment number, if applicable. (P.O. Boxes **NOT** Accepted)*

City: _____ State & Zip: _____ Email: _____

May we send updates by email? Yes No

Picture ID is required for ALL accepted memberships. (i.e. valid driver's license, passport or Calif. ID) For Santa Monica residents (new or renewing), an additional proof of residency is needed. (i.e. current utility bill, phone bill) Bring ORIGINALS, and copies will be made by staff at no charge.

Emergency Contact Name (Last, First) _____

Home (_____)_____ Cell Phone: (_____)_____ Relationship _____

Gender Male Female Veteran? Yes No Living Arrangements: Alone Not Alone

Disability Yes No (if yes, describe disability) _____

Were you referred by an agency? (if yes, note agency name) _____

Ethnicity: African American Asian or Pacific Islander Latino White (Anglo)
 Middle Eastern Multiple Race/Ethnicity Other _____

Language Speaking Capability: (check all that apply)

English Spanish Cantonese Mandarin Japanese Farsi Korean Russian

Tagalog American Sign Language Other _____ Primary Language: _____

My income is between \$0 and \$24,120 per year (\$1,005 - 2,010 per month): Yes (Low Income) No

How did you hear about Oasis? Catalog Family Friend Newspaper Presentation Internet
 Direct Mail Walk-in

Volunteer Information: Are you interested in volunteering with Oasis? Yes No If YES, please note interests:

Office/Administrative Registration Data Entry Instructor/Speaker Community Outreach Program Committee
 Travel Committee Special Events Tutor (K-4)

Annual 12-Month Membership Fee: \$20 (\$10 for Santa Monica residents with proof of residency).

PAYMENT Cash Check (Payable to Los Angeles Oasis) Credit Card (accepted at time of processing)

Amount \$ _____ NOTE: Payment will not be processed until application has been approved for membership.

I certify that the information I provided above is true.

Signature: _____ Today's Date: _____

* If you are of limited financial circumstances, there is a scholarship available. Please see Los Angeles Oasis staff for form.

OFFICE USE ONLY

Complete App Received By: _____ Date: _____ Entered By: _____ Date: _____

Card Given Date: _____ Card #: _____ Oasis ID: _____ MSC ID: _____

