

OASIS
MEMBERSHIP FORM

Please print legibly to help ensure that all information will be accurate. Information you provide on this form shall be used for Oasis business only.

Your (*the Member's*) Name (Last, First, MI) _____

Member's Nickname _____ Male ___ Female ___

Street Address _____ Apt/Unit No. _____

City _____ State _____ Zip Code _____ -- _____

Home Phone _____ Mobile Phone _____

Email Address _____ Birthday (No year!) _____

What new activities are you interested in? _____

Are you willing to chair an activity? Yes ___ No ___ Maybe ___

Would you be interested in serving on the Executive Board? Yes ___ No ___ Maybe ___

New Membership _____ Update to existing member contact information _____

Your Spouse/ Partner's (*Staff Member*) Name: _____

Dept. / Div. / Emeritus Staff _____

As an Oasis member, I agree to limit the use of Oasis member contact information to the purposes of the organization. \$20 annual membership dues and/or additional donations are voluntary, but always appreciated by Oasis. (Checks are payable to "Oasis.") If preferred, one may pay dues online at <http://www.mayo.edu/alice-mayo-society/oasis/join-or-pay-dues> . Dues payments will also be accepted at Oasis events.

Signature _____ Date _____

PLEASE RETURN THIS FORM (and any applicable payment) TO:

MCA Oasis Group
C/O Consulting Staff Services, HR
PX_SS_01_HR
Mayo Clinic
5777 E Mayo BLVD
Phoenix, AZ 85054