



## OCEANetwork Affiliated Support Group Application

Thank you for your interest in affiliating with OCEANetwork! Please fill out the following information about your support group. Have each leader(s) read each box and sign, if appropriate. One person may fill more than one position; if so, that leader need only fill-out the information/sign once and merely supply his/her name in the remaining section(s).

It is important that we have this information updated annually so that we can be making referrals to the correct person and getting information out to the current leadership. Groups returning applications by November 1 will be included in the support group directory if desired.

### Support Group Information:

Date of application: \_\_\_\_\_ Approximate number of families in group: \_\_\_\_\_

Support Group Name: \_\_\_\_\_

Group Acronym (e.g., CHEM, NEPHS, etc.): \_\_\_\_\_

Who may be referred to your group?

- Our group does not take outside referrals.
- Our group is open to Christians and non-Christians.
- Our group is only open to Christians.

Does your group wish to be included in the support group directory?  Yes  No

### Main Leader:

Position: \_\_\_\_\_

Name: \_\_\_\_\_ Spouse: \_\_\_\_\_

Address (street): \_\_\_\_\_

(city, state zip) : \_\_\_\_\_

Phone ( \_\_\_\_ ) \_\_\_\_\_ E-mail: \_\_\_\_\_

I agree to the OCEANetwork statement of faith and purpose.

Signature: \_\_\_\_\_

Comments: \_\_\_\_\_

### Primary Contact: (Who would you like to be your primary contact with the OCEANetwork?)

Name: \_\_\_\_\_ Spouse: \_\_\_\_\_

Address (street): \_\_\_\_\_

(city, state zip) : \_\_\_\_\_

Phone: ( \_\_\_\_ ) \_\_\_\_\_ E-mail: \_\_\_\_\_

I agree to the OCEANetwork statement of faith and purpose.

Signature: \_\_\_\_\_

**Referrals:** If your group is open to outside referrals, and you would like to have your group information available on OCEANetwork's website, please fill-out the information below.

Our support group serves the following zip codes: \_\_\_\_\_

We will only give out the information you permit about your support group. You can briefly describe your group and give us the name and phone number and/or email address of someone in your group willing to take first time calls; you can list an address for people to write; or you can list your regular meeting place and time. How would you like your message read on our website?

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Other leaders in your group (if you have more than one additional, please use back of sheet):**

Position: \_\_\_\_\_

Name: \_\_\_\_\_ Spouse: \_\_\_\_\_

Address (Street): \_\_\_\_\_

(city, state zip) : \_\_\_\_\_

Phone ( \_\_\_\_ ) \_\_\_\_\_ E-mail: \_\_\_\_\_

I agree to the OCEANetwork statement of faith and purpose.

Signature: \_\_\_\_\_

**Please send completed and signed application to: OCEANetwork, 774 NW Calloway Dr., Corvallis, OR 97330**