

# OLOC Membership/Supporter Form

We welcome everyone as either a member or a supporter, whether or not you can send money now. To be a member, you must be in your 60th year or older and be a Lesbian. Anyone who is not an Old Lesbian is welcome as a supporter. Membership or support is for one year. You will receive issues of our publications, the OLOC *Reporter* (quarterly) and the OLOC E-News (monthly), if you want them. We need to hear from you each year to keep you active. Both members of a couple may use this form.

**Name #1** \_\_\_\_\_

- I am not sending money at this time, but I am an Old Lesbian and want to be a member for the coming year.
- I am sending this amount \_\_\_\_\_ (suggest \$25–\$50) for membership (more if you can, less if you can't).
- I am not qualified for OLOC membership but would like to be a supporter. Suggested donation for supporters is \$30–\$60 for one year (more if you can, less if you can't). Amount \_\_\_\_\_

**Name #2** \_\_\_\_\_

- I am not sending money at this time, but I am an Old Lesbian and want to be a member for the coming year.
- I am sending this amount \_\_\_\_\_ (suggest \$25–\$50) for membership (more if you can, less if you can't).
- I am not qualified for OLOC membership but would like to be a supporter. Suggested donation for supporters is \$30–\$60 for one year (more if you can, less if you can't). Amount \_\_\_\_\_

Please include demographics (date of birth, race/ethnicity, disability status) here to help us in obtaining grants and achieving diversity (we never give out names of members or supporters to anyone outside OLOC).

Date of birth _____	Date of birth _____
Race/ethnicity _____	Race/ethnicity _____
Disability status _____	Disability status _____

Address \_\_\_\_\_ City \_\_\_\_\_ State or \_\_\_\_\_ Zip or \_\_\_\_\_  
 province postal  
 Out of United States? Country \_\_\_\_\_  
 (If needed, write 2nd address on back.)

Telephone \_\_\_\_\_  
 E-mail \_\_\_\_\_

Telephone \_\_\_\_\_  
 E-mail \_\_\_\_\_

New to OLOC? Yes  No

I would like to receive the *Reporter* as (circle one)  
 print copy / electronic / both / neither

I would like to receive the monthly E-News by e-mail  
 and have given my e-mail address above.  
 Yes  No

New to OLOC? Yes  No

I prefer to receive the *Reporter* as (circle one)  
 print copy / electronic / both / neither

I would like to receive the monthly E-News by e-mail  
 and have given my e-mail address above.  
 Yes  No

To pay with a credit card or a PayPal account, go to [www.oloc.org](http://www.oloc.org) and click Donate. You do not need a PayPal account to use a credit card there. If a couple is paying, please include both names in the purpose/comments section. **MAKE CHECKS PAYABLE TO OLOC** and send to OLOC, PO Box 5853, Athens, OH 45701. All money sent is considered a donation and is tax deductible for those who itemize.

Skills I can offer OLOC \_\_\_\_\_

I already belong to the following OLOC chapter or group \_\_\_\_\_

I would love to have an OLOC chapter near me and could help work toward establishing one. Yes  No

I found out about OLOC from \_\_\_\_\_

Skills I can offer OLOC \_\_\_\_\_

I already belong to the following OLOC chapter or group \_\_\_\_\_

I would love to have an OLOC chapter near me and could help work toward establishing one. Yes  No

I found out about OLOC from \_\_\_\_\_

*If you have a different address during different seasons of the year, please give us details as the post office will not forward your newsletters and OLOC will have to pay for them to be returned to us.*