

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 want to be a member or supporter for the coming year. Please specify which: (members are Lesbians in their 60th year or older and supporters are anyone else).
 _____ Member _____ Supporter
- I am sending this amount _____ (suggest \$35 to \$100 per year) for membership or support. Please specify which:
 _____ Member _____ Supporter

Name #2 _____

- I am not sending money at this time, but I want to be a member or supporter for the coming year. Please specify which: (members are Lesbians in their 60th year or older and supporters are anyone else).
 _____ Member _____ Supporter
- I am sending this amount _____ (suggest \$35 to \$100 per year) for membership or support. Please specify which:
 _____ Member _____ Supporter

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 _____
 Race/ethnicity _____
 Disability status _____

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 Race/ethnicity _____
 Disability status _____

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

Telephone _____
 Email _____

Telephone _____
 Email _____

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 email
 and have given my email 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 email
 and have given my email address above.
 Yes No

To pay with a credit card or PayPal account, go to oloc.org and click on the yellow **Donate** button in the right sidebar. 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 834, Woodstock, NY 12498. 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 _____

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

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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.