



An International
Community of
Lesbian Elders

FORM to Join OLOC as an Affiliate

OLOC is an organization promoting the well-being of Old Lesbians.

- **Affiliates** (*formerly known as members*) are Lesbians who have reached our 55th year or older.

Please use this form to join us as an Affiliate.

Affiliates receive: Quarterly Reporter and access to the Media Library. You may also opt-in for: Monthly E-News, Zoom Events, Zoom Support or Small Discussion Groups, Email Discussion forum.

Completion of this form keeps you active for one year. Although we rely on your financial support, if you can't send money now, that's fine. Send the form to let us know you still want to be involved (and receiving our publications).

Name: (Person 1)

Name of partner/spouse (if applicable): (Person 2)

Street/PO Box _____

City/Town: _____ State/Province: _____

Zip or Postal: _____ Country: _____

We have: a seasonal address separate residences (*Please include details so we can send postal mail correctly.*)

Person 1	Person 2 (include as Affiliate? <input type="checkbox"/> Yes / <input type="checkbox"/> No)
Phone: _____ Cell? Y <input type="checkbox"/> / N <input type="checkbox"/>	Phone: _____ Cell? Y <input type="checkbox"/> / N <input type="checkbox"/>
Email: _____	Email: _____
Birthdate: _____	Birthdate: _____
Race/Ethnicity: _____	Race/Ethnicity: _____
Disability?: <input type="checkbox"/> No <input type="checkbox"/> Yes	Disability?: <input type="checkbox"/> No <input type="checkbox"/> Yes
Publications (Check ONLY if YES) <input type="checkbox"/> The Reporter in Print (one per household)	
Emails: <input type="checkbox"/> Monthly E-News <input type="checkbox"/> The Reporter (Quarterly) <input type="checkbox"/> Zoom Events Notices	Emails: <input type="checkbox"/> Monthly E-News <input type="checkbox"/> The Reporter (Quarterly) <input type="checkbox"/> Zoom Event Notices

Currently active in an OLOC Chapter or group? If yes, which one: _____

Please indicate the financial support of your affiliation based on your means:

Individual

___ Swan (Recommended) - **\$50.00**

___ Elephant - **\$75.00**

___ Dolphins - **\$100.00**

___ Butterfly - **\$125.00**

___ Rabbits - **Other Amount:** \$ _____

___ Bees - Please keep me/us active. I/we will make a donation when I/we are able. - **\$0.00**

Additional Donation: \$ _____ In Memory Of... In Honor Of... NAME _____

Household (2 or more partner/spouse)

___ Swan Bevy - **\$85.00**

___ Elephant Herd - **\$135.00**

___ Dolphin Pod - **\$185.00**

___ Butterfly Kaleidoscope - **\$225.00**

Make check out to OLOC, Inc. Send to: PO BOX 100129 • Cranston, RI 02910 USA

Questions? Call toll free: 888-706-7506 | or visit: oloc.org