

## OLOC Membership/Supporter Form

**We want everyone who wants *The Reporter* to receive it. Please check all that apply:**

<b>Options</b>	<input type="checkbox"/> I am (we are) not sending money at this time, but we want to receive <i>The Reporter</i> for another year. <input type="checkbox"/> I am (we are) at least 60 years old and want to be an OLOC member (be OLOC members). I (we) understand that I (we) will receive four issues of <i>The Reporter</i> for each year of membership. \$25 –\$50 for a one–year membership. <input type="checkbox"/> My partner is not yet 60 but is a supporter. Her information is below. <input type="checkbox"/> Send one copy of <i>The Reporter</i> to both of us. <input type="checkbox"/> Send us each a copy of <i>The Reporter</i> . <input type="checkbox"/> I (we) want to receive <i>The Reporter</i> but I (we) can contribute only \$ _____ <input type="checkbox"/> I am (we are) supporters of OLOC under the age of 60. I (we) would like to receive four issues of <i>The Reporter</i> . \$30 - \$60.
----------------	---

**To pay using a PayPal account or a credit card, go to [oloc.org](http://oloc.org) and click the Donate button. You do not have to have a PayPal account to use a credit card here. If a couple is paying, please include both names in the comments section.**

We very much appreciate you giving us your full date of birth, ethnicity/race and disability status. We use statistics from the information when applying for grants and to monitor our diversity. The statistics will never be attached to any names. Only OLOC uses our mailing list. We do not share it.

**Name** \_\_\_\_\_ **Additional Name** \_\_\_\_\_

**Date of Birth** \_\_\_\_\_ **Additional Date of Birth** \_\_\_\_\_

**Ethnicity** \_\_\_\_\_ **Ethnicity** \_\_\_\_\_

**Disability** \_\_\_\_\_ **Disability** \_\_\_\_\_

**Address** \_\_\_\_\_ **City** \_\_\_\_\_ **State** \_\_\_\_\_ **Zip** \_\_\_\_\_

**Out of United States? If so, additional address:** \_\_\_\_\_

**Telephone(s)** \_\_\_\_\_ / \_\_\_\_\_

**E-mail(s)** \_\_\_\_\_ / \_\_\_\_\_

**New Subscription**  **or Renewal**  **May we send you an occasional e-mail?** Yes  No

**I prefer:**  a print copy via U.S. Mail  a PDF via e-mail **MAKE CHECKS PAYABLE TO "OLOC"**

**Skills you can offer OLOC:** \_\_\_\_\_

**I would love to have an OLOC chapter near me and could help work toward establishing one.**

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

*Winter and Summer addresses: It does cost us money if we don't have your correct address. Let us know which address to use for March, June, September and December.*