

OLOC Subscriber/Supporter Form

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

General	<input type="checkbox"/> I am (we are) not sending money at this time
	<input type="checkbox"/> I am (or at least one of us is) 60 or over and wish to subscribe or renew my (our) current subscription to <i>The Reporter</i> . \$25 to \$50 for a one-year subscription.
	<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) not yet 60 but want to Support OLOC. Enclosed is \$30 to \$60 for a one-year subscription to <i>The Reporter</i> .
	<input type="checkbox"/> I (we) want to keep OLOC alive and strong. Please accept my (our) tax-deductible contribution of \$ _____ or my (our) pledge of \$ _____ / month.
	<input type="checkbox"/> I (we) would like to give a \$25 gift subscription to the name(s) listed below.
	<input type="checkbox"/> Please send a sample of <i>The Reporter</i> to the name(s) listed below.

The Travel Directory has been discontinued due to very little use. Thanks to those of you who have been listed or who have bought a copy.

To donate by credit card, go to our website (www.oloc.org) and click on donate.
PAYPAL NOTE: If you want both names of a couple to appear on your subscription or donation, please put them in the comments section. PayPal will only give us one, otherwise.

Date of birth enables us to keep accurate Subscriber/Supporter records for grants and other purposes. Your ethnicity and disability status is requested as part of our ongoing awareness of and commitment to diversity. OLOC's mailing lists are for OLOC's use and not available to any other persons or organizations.

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.