



253 Boving Road  
 Lancaster, Ohio 43130-4240  
 Phone: (740) 687-6655  
 Fax: (740) 681-5020  
 Email: staff@olivedale.com

Seniors age 55 and older are eligible. Spouses younger than 55 are eligible with the primary member. Dues are \$12.00 per year. New members' dues will be pro-rated to the following renewal dates based upon surnames, so your initial dues might be more than \$12.00 to get you on schedule to the next year.

**RENEWAL DATES:**  
**A - D = (APRIL 1)      L - R = (OCTOBER 1)**  
**E - K = (JULY 1)      S - Z = (JANUARY 1)**

Today's Date \_\_\_\_\_ Sex **M** or **F**  
 (Circle one)

Full Name: \_\_\_\_\_  
 First MI Last

Mailing Address: \_\_\_\_\_  
 Street Address

\_\_\_\_\_  Lancaster  
 Second Address (i.e. Apt., Suite, etc.)  Outside of Lancaster, but in Fairfield County

\_\_\_\_\_  Out-of-County, but in OHIO  
 City State Zip Code  Out of State

Date of Birth \_\_\_\_ / \_\_\_\_ / \_\_\_\_  
 M / D / YR

How do you want your Newsletter Delivered?  
 Mail  
 Read On-Line (No Mail)  
 Pick up at Olivedale

Phone: (\_\_\_\_) \_\_\_\_ - \_\_\_\_ (\_\_\_\_) \_\_\_\_ - \_\_\_\_  
 Home Phone (Cell Phone - If Applicable)

(\_\_\_\_) \_\_\_\_ - \_\_\_\_ \_\_\_\_\_  
 (Work - If Applicable) Email Address

Are you retired? YES or NO What is/was your job? \_\_\_\_\_

**MEDICAL EMERGENCY CONTACT:**

Name: \_\_\_\_\_  
 Relationship: \_\_\_\_\_  
 Home (\_\_\_\_) \_\_\_\_ - \_\_\_\_ Work (\_\_\_\_) \_\_\_\_ - \_\_\_\_ Cell (\_\_\_\_) \_\_\_\_ - \_\_\_\_

**WOULD YOU LIKE TO ENROLL YOUR SPOUSE AS A MEMBER?**

Spouse  
 Full Name: \_\_\_\_\_ Sex **M** or **F**  
 First MI Last (Circle one)

Is your spouse retired? YES or NO Date of Birth \_\_\_\_ / \_\_\_\_ / \_\_\_\_  
 M / D / YR  
 What is/was your spouse's job? \_\_\_\_\_

**FOR OFFICE USE ONLY**

MEMBER ID#	SPOUSE ID#	DATE	EXPIRATION DATE	FEE PAID(\$)	ENTERED BY
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