

Lehigh Valley Health Network Retirees Association

Date: _____

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I am enclosing my check in the amount of \$15.00 made payable to:

LVHN Retirees

Please enroll me as a member of the Lehigh Valley Health Network Retirees Association

Printed Name: _____
(or you can affix a printed return address mailing label)

Printed Address: _____

In addition to mailing a newsletter, would you like to receive communications via email:

Yes ___ No ___ Printed Email Address: _____

My preferred telephone contact number is: _____
(Please provide either cell or land line # to be used in case of inclement weather)

I give my permission to use my photo from LVHN Retirees luncheons/activities in the Newsletter or on Facebook (look for us at LVHN Retirees – a private group).

Newsletter: Yes ___ No ___ Facebook: Yes ___ No ___

Years employed at LVHN: _____

Last department worked: _____

Last position held: _____