

Lehigh Valley Health Network Retirees Association

Date: _____

Coy Ackerman, Treasurer
1694 Victoria Circle
Allentown, PA 18103
(610) 392-2335
coy.ackerman@gmail.com

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: _____

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: _____