

The Lehigh Valley Health Network Retirees' Association

Date: _____

Coy Ackerman, Treasurer
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Allentown, PA 18103
(610) 392-2335
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I am enclosing my check in the amount of \$20.00 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 check: Cell _____ Land Line _____

Years employed at LVHN: _____

Last department worked: _____

Last position held: _____