

# The Lehigh Valley Health Network Retirees' Association

Date: \_\_\_\_\_

Coy Ackerman, Treasurer  
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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: \_\_\_\_\_