

Lakeland Retirement Foundation (*GENERATIONS*)

(For Office Use Only)



| | | | | | | | |
|-----------------|--|--|--|--|--|--|--|
| Membership Year | | | | | | | |
| Date Paid | | | | | | | |
| Amount Paid | | | | | | | |

Name: _____
(LAST) (HUSBAND) (WIFE)

Mailing Address: _____ Phone: _____

County: _____ Town: _____ Zip: _____

E-mail Address: _____

Emergency Contact: _____ Phone: _____

Birthdays: _____
(HUSBAND) (WIFE)

Are you a year-round resident: YES NO

Winter Mailing Address: _____

Are you interested in volunteering? YES NO

What are your interests / hobbies? _____