

NAME \_\_\_\_\_

ADDRESS \_\_\_\_\_  
Number Street City State Zip

TELEPHONE NUMBER \_\_\_\_\_

EMAIL ADDRESS \_\_\_\_\_

Do you have any objections to this information being shared by the officers of other associations or their contacts (*i.e., OCHER, ORTA, OPERS*).

No  YES, please do not share

I \_\_\_\_\_ on \_\_\_\_\_ of \_\_\_\_\_, \_\_\_\_\_  
Signed Day Month Year

give my permission to include my telephone number and email address in the R. A. N. Member Directory.

The information above will not be asked for again in the future. Any changes to be made in the R.A.N. Directory regarding your address, telephone number, email address or shared information status will be your responsibility to report in writing to the secretary of R. A. N.

Membership dues are due by Dec. 22 for the upcoming year. Please make your check of \$15.00 payable to NEOMED Foundation and mail to the Office of Staff Resources (in the self-addressed envelope). 4209 St. Rt. 44, Po Box 95, Rootstown, Ohio 44272, along with this completed form.

Thank you  
The Officers of R.A.N.