

Cleveland Stroke Club Membership Form
For year 2024

Dear Members: In order to support your Club, please complete the form below and mail it along with a check for your yearly dues (payable to: Cleveland Stroke Club). Please write **DUES** in the memo line of your check.

Mail to:

Cleveland Stroke Club
c/o Kay Exl
6507 Chase Drive
Mayfield Village, OH 44143

It is necessary to complete this form each year so that we can keep our records updated. Thank you!

(Please Print)

Date _____/_____/2024

Name (stroke survivor) _____

Name (caregiver) _____ **Spouse (circle)** Yes No

Supporter (neither caregiver nor stroke survivor) _____

Address _____

Number

Street

Apartment

City

State

Zip Code

Phone _____ **Circle preferred #**

Home Phone Number

Cell Phone Number

E-mail address _____

Birthdays (mo./day) Survivor: _____ Caregiver: _____ Supporter: _____

Wedding date (month/day/year): _____

EMERGENCY INFO: Name _____ Phone: _____

Address _____ City _____

Amount enclosed: \$ _____ **(\$8.00 per person – or - \$16.00 for a stroke survivor & caregiver)**

I prefer to receive the ReFocus:

- in email or on the web
- in my mailbox at home