

Cleveland Stroke Club Membership Form

For year 2026

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 on the 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 for your continued participation and support.

(Please Print)

Date _____

Name (stroke survivor) _____

Name (caregiver) _____

Spouse (circle) Yes No

Supporter (neither caregiver or stroke survivor) _____

Address _____

Number

Street

Apt.#

City

State

Zip Code

Home Phone Number

Cell Phone Number

CIRCLE PREFERRED NUMBER

e-mail address _____

Birthdays (month and day):

Survivor: _____ Caregiver: _____ Supporter: _____

Wedding date (month/day/year): _____

EMERGENCY CONTACT INFORMATION:

Name _____ Phone Number _____

Address _____ City _____

Annual Dues - \$8.00 per person per year – or - \$16.00 per year for a stroke survivor and caregiver

PAYMENT OPTION: two years - \$16.00 per person – or - \$32.00 for a stroke survivor and caregiver

Three years - \$24.00 per person – or - \$48.00 for a stroke survivor and caregiver

Amount enclosed for dues- \$ _____

☐ I prefer to receive the ReFocus: _____ in Email or on the Web _____ in my mail box at home