



OHIO VALLEY LODGE 112
523 Cincinnati-Batavia Pike
Cincinnati, Ohio 45244

MEMBERSHIP UPDATE/BENEFICIARY CHANGE FORM
Must be returned to Lodge Secretary. Please print or type legibly

Date: _____

Name: _____

Address: _____

City/State/Zip: _____

Social Security Number: _____ Date of Birth: _____

Home Phone: _____ Work Phone: _____

Email Address: _____ Cell Phone: _____

Agency: _____ Full-time or Part-time (Circle one)

Active Member _____ Retired Member _____ Date of Retirement _____

Date Hired: _____ Previous Employer: _____

Beneficiary for Lodge Death Benefit: _____

Relationship to Lodge Member: _____

Address: _____

City/State/Zip: _____

Phone: _____ Applicant Signature: _____

All blanks MUST be completed. If "not applicable", please print or type "N/A".