



Volunteer Optometric Services to Humanity
New England Chapter

MEMBERSHIP FORM

Name: _____

Mailing address: _____

Phone Number: _____

E-mail Address: _____

\$50 Annual Dues enclosed

\$5 Student Annual Dues enclosed

I prefer to donate the following amount: \$ _____

*Donations of any amount are appreciated. Donations over \$40 automatically include membership.

Payments can be made securely online at www.vosh-one.org or **make checks payable to VOSH-ONE** and mail to:

Samuel Stack, OD
VOSH-ONE
Treasurer
1 Ridge Rd.
Lyman, NH 03585

VOSH-ONE thanks you!

*VOSH-ONE is a 501c3 non-profit organization