



Volunteer Optometric Services to Humanity  
New England Chapter

## MEMBERSHIP FORM

**Name:** \_\_\_\_\_

**Mailing address:** \_\_\_\_\_

\_\_\_\_\_

**Phone Number:** \_\_\_\_\_

**E-mail Address:** \_\_\_\_\_

\$40 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](http://www.vosh-one.org) or **make checks payable to VOSH-ONE** and mail to:

Andrea Murphy, OD  
VOSH-ONE Treasurer  
P.O. Box 371  
Grantham, NH 03753

**VOSH-ONE thanks you!**

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