



VOSH Southeast Membership

Date: _____

VOSH Southeast is asking for your support with your membership.
Your membership fee goes towards the support of our volunteer missions.

VOSH Southeast's mission is to provide primary quality vision care to needy people throughout the world who do not have access to such care, or cannot afford such care.

Visit us on the web at voshsoutheast.org for more information about VOSH.

Name: _____

Address: _____

City, State, Zip: _____

Phone (Home) _____

Phone (Mobile) _____

Email: _____

Add my email to the free VOSH Southeast Newsletter: Yes: _____ No: _____

OD? Yes: _____ No: _____ Optician? Yes: _____ No: _____

Interested in Missions? Yes: _____ No: _____

_____ **\$35.00 VOSH Southeast 1-Year Membership**

_____ **\$20.00 VOSH Southeast 1-Year Student Membership**

_____ **Other Donation**

**MAKE CHECKS PAYABLE TO
VOSH SOUTHEAST**

Please send this form and Dues to:

VOSH Southeast Membership
4185 SE 53rd Street
Ocala, FL. 34480

Like us on Facebook!
facebook.com/voshsoutheast

Tweet us: @voshse

On the Web: Voshsoutheast.org

Email us: info@voshsoutheast.org

Pay Your Membership Dues on the web at: <http://voshsoutheast.org/membership/>