

VOSH / INTERNATIONAL

VOLUNTEER OPTOMETRIC SERVICES TO HUMANITY



CHAPTER APPLICATION

WE, THE UNDERSIGNED HUMANITARIANS, HEREBY APPLY FOR CHAPTER AFFILIATION IN VOSH/INTERNATIONAL. ENCLOSED FOR APPROVAL AT THE ANNUAL MEETING OF VOSH/INTERNATIONAL ARE THE CHAPTER CONSTITUTION AND BY-LAWS. THE FOLLOWING INFORMATION IS PROVIDED FOR CONSIDERATION AND APPROVAL.

THE NAME OF THIS CHAPTER SHALL BE VOSH -

THE CHARTER OFFICERS OF OUR CHAPTER ARE:

PRESIDENT _____ **OCCUPATION** _____

ADDRESS _____

HOME TELEPHONE: _____ **OFFICE TELEPHONE:** _____

HOME FAX: _____ **OFFICE FAX:** _____

EMAIL: _____

VICE PRESIDENT _____ **OCCUPATION** _____

ADDRESS _____

HOME TELEPHONE: _____ **OFFICE TELEPHONE:** _____

HOME FAX: _____ **OFFICE FAX:** _____

EMAIL: _____

VICE PRESIDENT _____ **OCCUPATION** _____

ADDRESS _____

HOME TELEPHONE: _____ **OFFICE TELEPHONE:** _____

HOME FAX: _____ **OFFICE FAX:** _____

EMAIL: _____

VICE PRESIDENT _____ **OCCUPATION** _____

ADDRESS _____

HOME TELEPHONE: _____ **OFFICE TELEPHONE:** _____

HOME FAX: _____ **OFFICE FAX:** _____

EMAIL: _____

SECRETARY _____ OCCUPATION _____

ADDRESS _____

HOME TELEPHONE: _____ OFFICE TELEPHONE: _____

HOME FAX: _____ OFFICE FAX: _____

EMAIL: _____

TREASURER _____ OCCUPATION _____

ADDRESS _____

HOME TELEPHONE: _____ OFFICE TELEPHONE: _____

HOME FAX: _____ OFFICE FAX: _____

EMAIL: _____

NAMES OF BOARD MEMBERS _____

HAVE THE OFFICERS ESTABLISHED A PARTICULAR AREA OF MISSION INTEREST IE DOMESTIC OR INTERNATIONAL AND SPECIFIC LOCATIONS?

WILL THE NEW CHAPTER BE FOSTERING OPTOMETRY STUDENT PARTICIPATION AND/OR SPONSORING A STUDENT VOSH CHAPTER?

WILL THE NEW CHAPTER OBTAIN A 501 (C) (3) TAX EXEMPTION? (VOSH/INTERNATIONAL CAN ASSIST WITH GETTING THIS EXEMPTION)?

SEND THIS FORM AND FIRST YEAR DUES IN THE AMOUNT OF \$100.00 TO:

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407-328-5825
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Cell: 407-416-3464