VOSH-Indiana

Application for Membership

several vision of	different care to so	ways me of	! If you are willing to	Humanity) needs your help in support VOSH's efforts to bring visually handicapped, please are willing to help.	
	l'II colle	I'll collect used eyeglasses for use on missions.			
	l am in	I am interested in participating on a VOSH-Indiana mission.			
	l'll sup	I'll support VOSH-Indiana financially by becoming a member.			
			Life Member Patron Member Sustaining Member Regular Member	\$60.00	
If you are willing to help in any of the above ways, complete the rest of the form and mail it to:					
		V G	avid Weigel, O.D., Pr OSH-Indiana P.O. B reensburg, Indiana 4 SA	ox 167,	
☐ My membership check (made payable to VOSH-Indiana) is enclosed.					
Name					
Addres	s				
City/Sta	ate/Zip _				
Countr	у				
E-Mail					
	Your s	uppo	rt of VOSH-Indiana	is greatly appreciated!	