**SVOSH**

**STUDENT VOLUNTEER OPTOMETRIC SERVICES TO HUMANITY**

MEMBERSHIP APPLICATION

2015-2016

NAME:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ YEAR OF GRADUATION:\_\_\_\_\_\_\_\_\_\_\_\_\_

ADDRESS:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

CITY/STATE/ZIP:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

PHONE:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ EMAIL:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

FOREIGN LANGUAGE:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

TSHIRT SIZE:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

ENCLOSED IS MY **$20.00** CASH OR CHECK FOR DUES, **MADE PAYABLE TO NSU SVOSH**.

**MEMBERSHIP FEES INCLUDE: WHITE COAT PIN AND T-SHIRT**

I UNDERSTAND THAT I MUST PAY YEARLY DUES IN ORDER TO BE CONSIDERED AN ACTIVE SVOSH MEMBER AND TO BE ELEIGIBLE TO PARTICIPATE IN SVOSH MISSION TRIPS

I FURTHER UNDERSTAND THAT I AM RESPONSIBLE FOR NOTIFYING THE SECRETARY IF THERE ARE ANY CHANGES IN THE ABOVE INFORMATION AIN ORDER TO BE PROPERLY NOTIFIED OF UPCOMING MEETINGS, EVENTS, AND MISSION TRIP INFORMATION.

BY SIGNING BELOW, I AM INDICATNG THAT I HAVE READ THE ABOVE INFORMATION.

X DATE:

THANK YOU AND WELCOME TO SVOSH!

RETURN FORM AND PAYMENT TO:

President: Kaitlin Vass kv242@nova.edu

Vice Presidents:

 Kristin Francies kf663@nova.edu

 Ellen Butts eb1077@nova.edu

Treasurer: Michael Molino mm8318@nova.edu

Secretary: Veronica Mendez vm587@nova.edu