

**VOSH-NORTHWEST**  
**12649 93rd PI NE**  
**Kirkland, WA 98034**

**DUES APPLICATION FORM**

NOTE: To join VOSH NORTHWEST, make your tax deductible contribution of \$35.00 (or \$10 for Students) by printing this form, filling it out, and mailing it with your check to the address above. (Note: This form cannot be filled out on-line)

Date: \_\_\_\_\_ ENTER DUES AMOUNT TO BE PAID: \$ \_\_\_\_\_

ANY ADDITIONAL DONATION: \$ \_\_\_\_\_

CHECK TOTAL AMOUNT: \$ \_\_\_\_\_

NAME: \_\_\_\_\_  
(how you want your name listed)

Title (e.g. Mr., Ms., Dr., etc) \_\_\_\_\_

License (e.g. OD, MD, PHD, LDO, etc.) \_\_\_\_\_

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

CITY \_\_\_\_\_, STATE \_\_\_\_\_ ZIP: \_\_\_\_\_

Please list one contact phone number: Work, Home, Cell (circle which applies) (\_\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

**PLEASE provide us with your E-Mail Address: (Very Important as this is how we communicate with you)**

\_\_\_\_\_  
**Make checks payable to VOSH-NORTHWEST and mail to the above address**