



**Complete this form and send it along with your \$50 check made out to Vosh California to:**

VOSH California, Inc.  
Dr. Barry Leonard  
14425 Chase Street  
Panorama City, CA 91402

818.891.6711 - office      919.891.5272 - fax

Title: Dr.\_\_\_\_ Mr. \_\_\_\_ Mrs.\_\_\_\_ Ms. \_\_\_\_ Other: \_\_\_\_\_

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_

Street Address: \_\_\_\_\_

\_\_\_\_\_

City, State, Zip code: \_\_\_\_\_

Telephone: \_\_\_\_\_

Fax: \_\_\_\_\_

Email: \_\_\_\_\_

### **I would like to...**

\_\_\_\_ Become a member of VOSH California. Yearly Membership: \$50

\_\_\_\_ Make a one-time donation of \_\_\_\_\_

\_\_\_\_ Receive newsletters and email updates on future missions

\_\_\_\_ To participate in a VOSH mission

\*\*\*\*\* Please make check for \$50 payable to: VOSH California \*\*\*\*\*