

MEMBERSHIP APPLICATION

To join HVO, please complete this form and mail it, along with your dues payment, to:

Health Volunteers Overseas

1900 L St, NW Suite 310

Washington, DC 20036

Tel: 202-296-0928 • Fax: 202-296-8018 • E-Mail: info@hvousa.org

Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Office Telephone: _____ Home Telephone: _____

E-Mail: _____

~~ Dues ~~

Annual Member.....\$150

Those in training.....\$40

If you are interested in ordering a copy of *A Guide to Volunteering Overseas*, please complete the following:

Number of copies _____ @ \$25.00 per copy

Enclosed is a check for: Dues \$ _____

Guide (\$25 each) \$ _____

Optional Donation \$ _____

Total Enclosed \$ _____

Please charge this amount to my credit card: _____ VISA _____ MasterCard _____ AMEX _____

Card # _____ Expiration Date _____

Signature : _____

Please send me a Volunteer Profile Form & information on HVO's dental programs.

HVO is registered with the Internal Revenue Service as a 501(c)(3) organization.

Dues and donations are tax-deductible.

All dental volunteers with HVO must be members of the American Dental Association or the Canadian Dental Association.