



MEMBERSHIP FORM
OVERSEAS VOLUNTEER FOR A BETTER INDIA

Name: _____
Address: _____
(Number/Street) (City) (State) (Zip)
Phone # hm: _____ wk: _____ cell: _____
Email: _____

PAYMENT DETAILS

Regular Membership: \$100
Special Membership: \$1000

Please check one box: Cash Check Credit Card

Credit Card Type: _____ Exp. Date: _____ Amount: _____

Card #: _____ CVV: _____

Name as it appears on card: _____

If attaching a check or money order, please make it payable to Overseas V.B.I, Inc

Cardholder's Signature: _____ Date: _____



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