MEMBERSHIP FORM
OVERSEAS VOLUNTEER FOR A BETTER INDIA

Name: __________________________________________
Address: ______________________________________
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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