

Membership Assistance Fund Application

Please complete this form and either

1. Submit the fillable form by email to the chairman of the trustees for this fund, or
2. Give the printed form to a VOF officer or mail it to:

The Valley of the Firelands

P.O. Box 98

Tiffin, Ohio 44883

First name:       Middle Initial:   Last Name:

Address:

City:       State:    Postal Code:

Lodge name:       Number:      Location:

Amount being requested (up to the current new member fee): $Click or tap here to enter text.

Please briefly explain within the limits of confidentiality the reason for your request.

Signature of Requester Signature of 33o sponsor