



## Membership Assistance Fund Application

Please complete this form and either

- a. Submit the fillable form by email to the chairman of the trustees for this fund, or
- b. 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.

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Signature of Requester

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Signature of 33<sup>o</sup> sponsor