



New Member 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: \$50 \$100 \$150

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

Signature of applicant

Signature of 33^o sponsor