

Application For Membership

Address: Contact Information:

Area(s) of Interest:

Children Educational Sponsorship:

Commitment:

Referred by: Received & Approved by:

VOICE OF CABARET FOR HEALTH, EDUCATION & INFRASTRUCTURE

P.O. Box 1035, 400 Wood Avenue, Linden, NJ 07036

Email: vochei@outlook.com; www.vochei.com

First Name: _____ Last Name: _____

Street: _____

City: _____

State: _____

Zip code: _____

Profession: _____

Email _____

Phone _____

Please indicate area of interest

Health/Mission Trip _____; Education _____; Fundraising _____; Grant Writing _____; Infrastructure _____; Others _____

Would you like to sponsor a child? _____, if Yes - Your Preference: Female _____, Male _____ or Neither _____

I pledge to pay the annual sponsorship cost of \$150-\$300 Annually by August 1st [] or Bi-Annually by August/February 1st [] or three payments August/February/April 1st []

Name: _____

Sign: _____ Date _____

I hereby apply for active membership of Vochei in accordance with the membership terms and conditions set below which require a membership due of \$20 monthly or \$240 annually.

TERMS & CONDITIONS: By becoming an active member, you have hereby agreed to attend our regular meeting, at least every two months either in person or via teleconferencing. You have also agreed/committed to pay the annual membership dues. You have also, given consent to Vochei to notify you via SMS or email about membership dues and other necessary activities. Membership dues and other contributions can be paid via Cashapp to Fritzner Altidor (908-884-9378), from our Website or by mail. Make check payable to "VOCHEI" and mail to PO Box 1035, 400 Wood Ave., Linden, NJ 07036.