



BVS Membership Application

1. Complete the form below.
2. Include a check payable to Bath Volunteers for Service
3. Mail this form and check to: BVS P.O. Box 33 Bath, Ohio 44210

Name: _____

Partner's name, if applicable: _____

Home Address: _____

City: _____ Zip: _____

Cell #: _____ Alternate #: _____

Email address:

Birth month and day: _____

Dues: \$35.00 annually, fiscal year runs July 1 thru June 30

Questions? Please call Kathy Sidaway at 330.285.5893