

# GLOBAL EYEGLASS MINISTRY

## Vision Clinic Application Form



GLOBAL EYEGLASS MINISTRY  
*So People Everywhere Can See*

Contact Name: \_\_\_\_\_

Email: \_\_\_\_\_

Preferred Phone #: \_\_\_\_\_

Address: \_\_\_\_\_

Church Name: \_\_\_\_\_

Church Address: \_\_\_\_\_

Church Phone: \_\_\_\_\_

Pastor's Name: \_\_\_\_\_

Where are you going? \_\_\_\_\_

Purpose of your trip? \_\_\_\_\_

“In Country” Contact Name & Position? \_\_\_\_\_

Number of Team Members: \_\_\_\_\_

Is Vision Clinic Training Required? \_\_\_\_\_

Requested Start & End Trip Dates: \_\_\_\_/\_\_\_\_/\_\_\_\_ to \_\_\_\_/\_\_\_\_/\_\_\_\_

To secure your trip dates on GEM's calendar, a \$100 non-refundable deposit is required within 10 days of application's approval.

Reviewed by: _____
Application Approved: _____
Approval Date: _____
Deposit Received: _____

*Mail your application to:*  
Global Eyeglass Ministry  
PO Box 954  
Marysville, WA 98270  
360-651-9652