



NATIONAL FEDERATION
OF THE BLIND
 DEAF-BLIND DIVISION
Live the life you want.

MEMBERSHIP APPLICATION

New Renewal

Name: _____

Street Address: _____

City, State, Zip: _____

Phone: _____ This is: Voice VP Text

E-mail: _____

Please list your NFB State Affiliate and/or Chapter memberships:

Membership Interests

- Serving on the Operation Outreach Committee
- Setting up SSP services in my state
- Working with the NFB Deaf-Blind Division in my state

Annual Membership Dues

Dues, Per Person \$5.00

Tax-Deductible Donation _____

Total Enclosed _____

Make your check, money order or bank check payable to:

National Federation of the Blind Deaf-Blind Division

Please do not send cash!

Send your completed membership application and dues and/or donations to:

John Williams 2855 Leonard Drive, Apt #H-603 Aventura, FL 33160

For Division Use Only: Date Received _____ Amount Received _____