



NATIONAL FEDERATION
OF THE BLIND

DEAFBLIND DIVISION

Live the life you want.

MEMBERSHIP APPLICATION

Name: _____

Street Address: _____

City, State, Zip: _____

Phone: _____ Phone Type: 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 DeafBlind Division in my state

How do you identify yourself? (Please choose one.)

- Hearing/Sighted
- Sighted/Hard of hearing
- Deaf/Sighted
- Blind/Visually Impaired/Low Vision
- DeafBlind
- Hard of hearing/blind
- Hard of hearing/visually impaired
- Deaf/low vision

How do you communicate? Please check all that apply.

- Voice/Auditory
- Sign Language

- Tactile Sign Language
- Print on palm
- Communication cards or board
- Hearing aids/assistive listening devices
- Haptics/Pro-Tactile/touch cues
- Cochlear implants/assistive listening devices (singular)
- Cochlear implants/assistive listening devices (dual)
- Other, please describe: _____

What accommodations do you use? Please check all that apply.

- White Cane
- Service Animal
- TTY/Videophone/CapTel phone/Relay
- DeafBlind communicator
- Mobility devices such as wheelchair, scooter, walker, support cane
- Cochlear implants/Assistive listening devices
- Low vision equipment such as magnifiers, telescopes, closed circuit TV
- Other, please describe: _____

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 DeafBlind Division

Please do not send cash!

**Send your completed membership application and dues and/or donations to:
Jonathan Goodman 12301 Town Center Blvd. Voorhees, NJ 08043**

For Division Use Only: Date Received _____ Amount Received _____