**** NATIONAL FEDERATION

 OF THE BLIND **MEMBERSHIP**

 **DEAFBLIND DIVISION 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