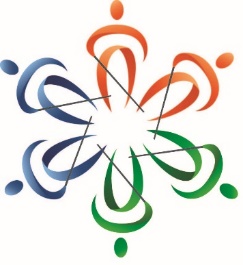
**** NATIONAL FEDERATION

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