**** NATIONAL FEDERATION

 OF THE BLIND **MEMBERSHIP**

 **DEAFBLIND DIVISION APPLICATION**

**** [ ]  **New** [ ]  **Renewal**

**Name:** Click here to enter text.

**Street Address:** Click here to enter text.

**City, State, Zip:** Click here to enter text.

**Phone:** Click here to enter text. **This is:** [ ]  **Voice** [ ]  **VP** [ ]  **Text**

**E-mail:** Click here to enter text.

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

Click here to enter text.

**Membership Interests**

[ ]  **Serving on the Operation Outreach Committee**

[ ]  **Setting up SSP services in my state**

[ ]  **Working with the NFB DeafBlind Division in my state**

**Annual Membership Dues**

 **Dues, Per Person $5.00**

 **Donation** Click here to enter text.

 **Total Enclosed** Click here to enter text.

**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, Treasurer 504 West Stafford Ave. Laurel Springs, NJ 08021**

***For Division Use Only***: Date Received Amount Received