



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

Annual Membership Dues

Dues, Per Person \$5.00

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 504 West Stafford Ave. Laurel Springs, NJ 08021

For Division Use Only: Date Received _____ Amount Received _____