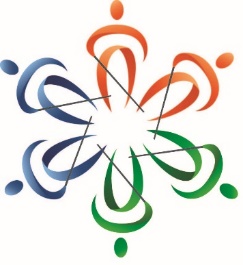
**** NATIONAL FEDERATION

OF THE BLIND **MEMBERSHIP**

**DEAF-BLIND DIVISION APPLICATION**

****

**Name:**

**Street Address:**

**City, State, Zip:**

**Phone: This is:  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 Deaf-Blind Division in my state**

**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 Deaf-Blind Division**

***Please do not send cash!***

**Send your completed membership application and dues and/or donations to:**

**John Williams 1044 Pennsylvania Ave, Apt A-2 Miami, FL 33139**

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