**** 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