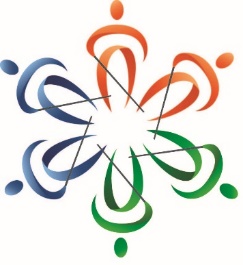
**** NATIONAL FEDERATION

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