

SOUTHWEST FLORIDA COUNCIL OF THE BLIND: MEMBERSHIP APPLICATION

NAME: _____

ADDRESS 1: _____

ADDRESS 2: _____

CITY: _____

STATE: _____

ZIP CODE: _____

BEST PHONE: _____

BEST EMAIL: _____

VISION: _____ [S = SIGHTED, LV = LOW VISION, T = TOTAL]

WCB FORMAT: _____

[WCB = WHITE CANE BULLETIN: P = PRINT, LP = LARGE PRINT, B = BRAILLE, E = ELECTRONIC]

BIRTHDAY: _____ [MM/DD, NOT YEAR]