

Date: \_\_\_\_\_

# Southwest Florida Council of the Blind Membership Application

---

Your Name (First Name, Middle Initial, Last Name)

---

Address

---

Apt/Unit #

---

City	State	Zip Code
------	-------	----------

---

Home Phone	Cell Phone
------------	------------

---

Email Address

---

Date of Birth

Vision:

- Blind
- Low Vision
- Sighted

Format for White Cane Bulletin

- Print
- Audio
- Large Print
- Braille
- Email

Format for Braille Forum

- Digital Cartridge
- Large Print
- Braille
- Email
- Podcast

Are you a patron of the Talking Books Library?

- Yes
- No

Gender:

- Female
- Male
- Nonbinary
- I prefer not to answer

Race or Ethnicity:

- African American
- American Indian
- Asian
- Hispanic or Latino
- Native Hawaiian
- White

Please select at least 1 committee to participate in

- Fundraising
- Scholarship
- Public Relations
- Technology
- Advocacy
- Membership
- Expo
- Hospitality