

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]