

# WSDBC Membership Form

Date of Application: \_\_\_\_\_

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_

Email: \_\_\_\_\_

Phone: \_\_\_\_\_ ( ) \_\_\_\_\_

Text  Videophone  Voice

### Mailing Request Only:

Address: \_\_\_\_\_ Apt #: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

### Type of Membership (please check one box only):

Active  Associate  Organization  Student  Honorary

I am a senior citizen (age 55 and over)

I want to receive announcements.

I want to receive general meeting minutes and finance reports.

### Please select one:

Large Print  Uncontracted  Contracted

### Payment

\$20 Active      \$20 Associate      \$30 Organization

\$15 Senior Citizen      \$5 Student      Free Honorary

One Year \$ \_\_\_\_\_  Two Years \$ \_\_\_\_\_

Donation: \$ \_\_\_\_\_ **THANK YOU!**

Please mail completed form with your payment to:

Washington State DeafBlind Citizens, Inc.

ATTN: Treasurer

P. O. Box 2322

Seattle, WA 98111-2322

### FOR OFFICE USE ONLY

New Member  Renewal Membership

Date rec'd: \_\_\_\_\_  Cash \$ \_\_\_\_\_  PayPal \$ \_\_\_\_\_  Check \$ \_\_\_\_\_