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 $\_\_\_\_\_** |