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)** |
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| * **I want to receive announcements.** |
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| * **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! |
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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 $\_\_\_\_\_** |