



## Registry Form

Please complete & mail to address below:

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City/State/Zip: \_\_\_\_\_ County: \_\_\_\_\_

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

Want to be on FDBA Listserv?  Yes  No  Already on Listserv

Telephone: (\_\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

Phone Type:  VP  TTY-Braille  Mobile  Voice  
 Text  Text-Braille

Date of Birth: \_\_\_\_ / \_\_\_\_ / \_\_\_\_ (mm/dd/yyyy)

Gender:  Male  Female

Cause of Vision Loss: \_\_\_\_\_  
\_\_\_\_\_

Cause of Hearing Loss: \_\_\_\_\_  
\_\_\_\_\_

Communication Methods: (Check all that apply)

ASL  Close Vision  Tactile  Pro-Tactile  
 Voice  Lip Reading  Large Print  Regular Print  
 Others: \_\_\_\_\_

This form is for data collection only. All private information (name, address, email and phone number) will be kept confidential. All other data will be shared with agencies/organizations that serve the Deaf Blind Community and with lawmakers for effective laws and resources. This form does not apply for membership to the Florida Deaf Blind Association. If anyone is interested in joining our organization, please visit our website [www.fldeafblind.org](http://www.fldeafblind.org) or email Darlene Laibl-Crowe [dlaiblcrowe@att.net](mailto:dlaiblcrowe@att.net) for more information.

Mail to:  
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**114 Tanner Terrace**  
**Palatka, FL 32177**