

FDBA Membership Form

Name _____

Address _____

City _____ State _____ Zip _____

Telephone number: (____) _____ - _____

Voice TTY VP Fax

Email _____

Type of Membership:

- Active (\$15)
- Associate (\$8)
- Student (\$7.50)
- Organization (\$50)



Membership Dues \$ _____

Tax-deductible donation \$ _____

TOTAL \$ _____

Please make payment to:

Florida Deaf-Blind Association

Send to:

Theresa A. Wells

2151 Cherry Vale Pl

The Villages, FL 32162

For Treasurer only: Date Rcvd: _____ Amount: \$ _____