

SUPPORT THE NFADB! MEMBERSHIP CATEGORIES

(*U.S. funds only)



REGULAR: any person who is deaf-blind, their parent, guardian or family member.

- One Year: Individual** \$15 **Three Years: Individual** \$35

PROFESSIONAL/ASSOCIATE: individuals interested in supporting the mission and purpose of the Association.

- One Year** \$15 **Three Years** \$35

ONLY REGULAR MEMBERS ARE ELIGIBLE FOR APPOINTMENT TO OFFICE

ALL MEMBERS RECEIVE OUR NEWSLETTER

IF YOU ARE MOVING, PLEASE LET US KNOW SO THAT WE CAN CHANGE YOUR ADDRESS!

E-MAIL: mfnfadb@aol.com

PHONE: 1-800-255-0411

NFADB Newsletter is available, by request, in BRAILLE, LARGE PRINT or ELECTRONICALLY.

CONTRIBUTING SPONSORS: those involved by reason of monetary or other gifts of value to the Association.

- Contributing Sponsor** - \$_____

Name _____

Address: _____

City: _____ State: _____ Zip: _____ Phone: (____) _____ FAX: () _____

E-mail: _____

Information about person who is deaf-blind

Name _____

Birthdate: _____

Relationship to you: _____

Cause of deaf-blindness _____

I give permission to share my name with other families whose children have similar etiologies or disabilities.

- Yes No

I give permission to include the above information in a "Members Only" directory. Yes No

Please return with check or money order payable to "NFADB" to: NFADB/Membership, 141 Middle Neck Road, Sands Point, New York 11050-1299

If you have questions, contact NFADB at 1-800-255-0411; email: mfnfadb@aol.com