



NATIONAL FEDERATION
OF THE BLIND

NATIONAL ASSOCIATION OF BLIND
MERCHANTS DIVISION

Live the life you want.

MEMBERSHIP FORM

I agree to pay \$10.00 dues to the National Association of Blind Merchants and therefore become a member of the National Association of Blind Merchants, a Division of the National Federation of the Blind.

Name: _____

Address: _____

City/State/Zip: _____

Home Phone/Work Phone: _____

Fax Number: _____

Email: _____

Type of Vending Facility: _____

Name of Business: _____

Please Circle:

Do you currently receive the Braille Monitor?	Yes	No
If no, what format would you like to receive?	Cassette	Large Print
Are you currently a member of a local NFB chapter?	Yes	No

Please make checks payable to:
National Association of Blind Merchants
7450 Chapman Highway
Suite 319
Knoxville, TN 37920

RECEIPT

Received from _____

In the amount of _____ dollars. Date: _____

Signature of local representative of the National Federation of the Blind

(All contributions to the National Federation of the Blind are tax-deductible)