

MCBVI Membership Application

Name (Please Print) _____

Address _____

City _____ Zip Code _____

Phone _____ Email (Optional) _____

Please check your preferences.

I would like to be contacted for more information.

Please contact and provide additional information to the individual, Business, Church, Hospital, nursing home, or agency I have also identified here.

Contact Name/Organization _____

Address _____

City _____ Zip Code _____

Phone _____ Email (Optional) _____

I am enclosing my annual dues for Affiliate Membership with a check or money order made payable to the MCBVI in the amount of \$10 for General "At Large" Membership.

I prefer and read publications in:

Cassette, Large Print Braille Computer Text files or E-mail.

Please return receipt for my tax deductible contribution.

Return your MCBVI dues and completed membership application to:

All Needs Accounting
Matt Livingston, Treasurer
7751 Lakeshore Road
Lakeport, MI 48059

Learn more about local chapters by calling toll free to 1 888 956-2284, that's 1 888 95M-CBVI.
Check out website at <http://blindmi.org>.

Thank You.