

National Federation of the Blind  
**NATIONAL NEWSLINE FOR THE BILND NETWORK**  
1800 Johnson Street  
Balitmore, Maryland 21230

**APPLICATION/REGISTRATION FORM**

NAME \_\_\_\_\_

ADDRESS \_\_\_\_\_

CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_

HOME PHONE (\_\_\_\_) \_\_\_\_\_ WORK PHONE (\_\_\_\_) \_\_\_\_\_

I am registered with a state or private vocational rehabilitation agency for the blind.  
\_\_\_\_\_ YES \_\_\_\_\_ NO                      If yes, please give name below:

\_\_\_\_\_

I am enrolled in a public school special education program for the blind or state residential school for the blind.                      \_\_\_\_\_ YES                      \_\_\_\_\_ No

If yes, please specify \_\_\_\_\_

I am registered with a cooperating regional library under the program of The National Library Service for the Blind and Physically Handicapped, Library of Congress.  
\_\_\_\_\_ Yes                      \_\_\_\_\_ No

If yes, please specify \_\_\_\_\_

If you answered no to all the above questions, you must include with this application a letter from one of the following certifying that you are blind.

\_\_\_\_\_ Your doctor

\_\_\_\_\_ Social Security Award Letter

\_\_\_\_\_ Presidential of a local chapter or state affiliate of the National Federation of the Blind

I certify that I am blind or visually impaired and unable to read a printed newspaper.

SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_

OFFICE USE ONLY:

ID # \_\_\_\_\_ SEC # \_\_\_\_\_ DATES NUMBERS GIVEN \_\_\_\_\_

**PLEASE RETURN THE COMPLETED FORM TO THE ABOVE ADDRESS**