**LOUISIANA PARENTS OF BLIND CHILDREN**

**Membership Application**

**Please mail this membership form along with your dues to LPOBC at the address at the bottom of the form or email it to** [**parent@lcb-ruston.com**](file:///C:\Users\Admin\Dropbox\Guillory\website%20files\LPOBC@lcb-ruston.com)**.**

I would like to join the Louisiana Parents of Blind Children and the National Organization of Parents of Blind Children. Enclosed is $5.00 for membership dues and a donation of $ 20 for a total of $25. *(Please make checks payable to NFB-LA.)*

Name: Shelly Clark \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Please check all that apply: [ ] Parent(s) [ ] Teacher [ X ] Other – Aunt with Legal Custody

Address: 8111 Dogwood Trail \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

City: Haughton State: Louisiana \_\_\_\_\_\_\_\_\_\_\_ Zip: 71037\_\_\_\_\_

Home Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Cell Phone:\_\_\_318-455-8095\_\_\_\_\_\_\_\_\_\_\_\_\_

E-mail:Clark.shelly1078@gmail.com \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name of Child(ren): Jordan Maurer \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Child(ren)'s Birth Date(s): 08/25/99 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

School District: Bossier Parish\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Diagnosis: TBI teenager with Compressive Optic Neuropathy (visually impaired with no vision, only light and shadow in left eye, and with severe cut-vision with limited peripheral vision in right eye)

***Please send me the following FREE information packet(s):***

\_\_\_\_ [Blind Students in the Elementary Classroom](https://nfb.org/info-packet-blind-students) \_\_X\_\_ [Blind Teens in the Classroom](http://www.nfb.org/Info_Teens_Classroom)

\_\_\_\_ [Braille Literacy (Children)](https://nfb.org/info-packet-braille-literacy) \_X\_\_\_ [Cane Travel/O&M (Children)](https://nfb.org/info-packet-cane-travel)

\_\_\_\_ [Early Childhood](https://nfb.org/info-packet-early-childhood) \_X\_\_\_ [(IEP) Individualized Education Program](https://nfb.org/info-packet-iep)

\_\_X\_\_ [Low Vision (Children)](https://nfb.org/info-packet-low-vision) \_X\_\_\_ [Multiply Disabled/Blind (Children)](https://nfb.org/info-packet-multiply-disabled)

\_X\_\_\_ [Parents of Blind Children](https://nfb.org/info-packet-parents) \_X\_\_\_ [Social Skills (Children)](https://nfb.org/info-packet-social-skills-children)

\_X\_\_\_ [Brochure Packet for Parents/Teachers of Blind Children](https://nfb.org/info-packet-brochures-nopbc)

***Mail this membership form to:***

**LPOBC**

**101 South Trenton Street**

**Ruston, LA 71270**

LPOBC is a 501(c)3 non-profit organization