**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**](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 $ for a total of $ . *(Please make checks payable to NFB-LA.)*

Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Please check all that apply: [ ] Parent(s) [ ] Teacher [ ] Other

Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

City: State: \_\_\_\_\_\_\_\_\_\_\_ Zip: \_\_\_\_\_

Home Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Cell Phone:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

E-mail: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

Child(ren)'s Birth Date(s): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

School District\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Diagnosis\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

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

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

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

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

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

\_\_\_\_ [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