National Federation of the Blind of California

San Fernando Valley Chapter

SUBJECT: MEMBERSHIP CONTACT INITIATIVE FORM

Federation Family,

Here is the chapter and division membership template form that was described on the email. This is in a Word format so you can copy and paste it. Please fill up the blanks as much as you can with no pressure. Once filled out, please send it back to me as soon as possible. Our deadline will be on the 13th of January, 2019. Send it to: sheilab370c@gmail.com

If you need any help. Please feel free to call me at 818-404-7646. I’ll be glad in filling it out for you.

NOTE: All information will be kep private and highly confidential!

Thank you.

Sheila Marie B.C.

Secretary

MEMBERSHIP CONTACT INITIATIVE FORM

FIRST NAME: Lynne

LAST NAME: Nishihara

STREET ADDRESS 1: 11547 La Maida St

STREET ADDRESS 2:

CITY: North Hollywood

STATE: CA

ZIP: 91601

HOME PHONE:

WORK PHONE: 310-916-9403

HOME EMAIL:

WORK EMAIL: Lnn.Nishi@gmail.com

MEMBER SINCE: 2013 (?)

MEMBER ROLE: Standard member

Please check: Is blind: YES or: X NO.

Preferred format: ☹(X electronic, audio, braille or large print). Prefer Electronic

Please check:

X uses a cane or: uses a guide dog.

DATE OF BIRTH: Decline to state

Sent by:

Michelle Korosy,

Admin to the President.

CC: Tim Elder

State President