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:

LAST NAME:

STREET ADDRESS 1:

STREET ADDRESS 2:

CITY:

STATE:

ZIP:

HOME PHONE:

WORK PHONE:

HOME EMAIL:

WORK EMAIL:

MEMBER SINCE:

MEMBER ROLE:

Please check: Is blind: YES or: NO.

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

Please check:

uses a cane or: uses a guide dog.

DATE OF BIRTH:

Sent by:

Michelle Korosy,

Admin to the President.

CC: Tim Elder

State President