

ACB Membership Application

This membership application is to be filled out by persons wanting to join the Dallas Chapter of American Council of the Blind, also known as DACB. Included you will find questions that could help us improve our organization's ability to better assist its members and the community at large. The questions that are shaded grey are optional. They help us to better support our members and give back to the community at large. Call me (Paul) at 972-278-2031 if you need help with this form.

First and Last Name: _____

Street Address: _____

Apt No. or P.O. Box: _____

City: _____ State: _____ Zip: _____

Home Phone: _____ Cell: _____

Work Phone: _____ Fax: _____

Email Address: _____

Emergency Contact / Phone: _____

Are you fully sighted, totally blind or visually impaired: _____

What types of programs could we implement to help you with your vision problems?

What types of programs could we implement to help the community at large?

What talents do you bring to the organization? Perhaps you can use a computer - you could play a musical instrument - or you could make crafts for a craft show. Let your imagination run wild. List anything you can do.

By whom are you employed and what do you do at work?

Do you have any other ideas or suggestions?

Please tell us if and how you would like to receive the Braille Forum, a monthly magazine published by American Council of the Blind's national organization. Choices are E-mail, large print, audio cassette, or Braille format.

Please tell us if and how you would like to receive the Texas Star, a monthly magazine published by American Council of the Blind - Texas. Inc. Choices are E-mail, large print, audio cassette, or Braille format.

Signature: _____

Date: _____