SDAB 2018 Membership Form

One name per form

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

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

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

E-Mail:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

\_\_\_Fully Sighted \_\_\_Blind/Visually Impaired

Are you a student? \_\_\_\_Yes \_\_\_No

Membership dues are $15.00 per person. Dues are for the 2018 membership year. Please make checks payable to SDAB.

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Membership must be received prior to March 8, 2018 to meet the ACB Membership deadline.

To recognize and welcome members SDAB publishes their names in our newsletter, “As Eye See It.” Please indicate if we may publish your name \_\_\_\_yes \_\_\_\_no

Your membership entitles you to receive a copy of our newsletter. If you are interested in receiving any or all of the following formats please indicate:

\_\_\_Large print \_\_\_Braille \_\_\_E-mail \_\_\_None

SDAB is an affiliate of the American Council of the Blind (ACB). Your membership entitles you to receive their publication, the “Braille Forum.” Please indicate the format you wish to receive:

\_\_\_Large print \_\_\_Braille \_\_\_E-mail \_\_\_Cassette \_\_\_CD \_\_\_None

Mail to: Koni Sims

SDAB Membership

2000 S. Grange Ave

Sioux Falls, SD 57105