Arkansas Council of the Blind

2022 Membership

One Form per Member

# Please print clearly or fill out on a computer and print completed form.

# Name\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

City \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_State \_\_\_\_\_\_\_Zip \_\_\_\_\_\_\_\_\_\_

Telephone

Home: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Cell: \_\_\_\_\_\_\_\_\_\_\_\_\_\_

\*\*Please print your email clearly as this is ACB National’s primary means of communicating with all members

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

I wish to be added to the Arkansas Council of the Blind email list to receive updates, news, and relevant information (If you leave this selection blank you will not be on the list)

\_\_\_\_\_Yes

\_\_\_\_\_No

If under 18 Date of Birth: \_\_\_\_\_\_\_\_\_

Are you a Life Member of:

\_\_\_\_\_\_\_Arkansas

\_\_\_\_\_\_National

Vision Status (mark one):

\_\_\_\_\_Blind

\_\_\_\_\_Low Vision

\_\_\_\_\_Fully Sighted

Gender:

\_\_\_\_\_Female

\_\_\_\_\_I identify as a female

\_\_\_\_\_Male

\_\_\_\_\_I identify as a male

\_\_\_\_\_Nonbinary

\_\_\_\_\_Other

\_\_\_\_\_I prefer not to answer

Ethnicity/Racial Identity (mark ONE)

\_\_\_\_\_Asian

\_\_\_\_\_South Asian

\_\_\_\_\_Black or African American

\_\_\_\_\_Hispanic or Latino

\_\_\_\_\_Native American or Alaska Native

\_\_\_\_\_Native Hawaiian or other Pacific Islander

\_\_\_\_\_Middle Eastern or North African

\_\_\_\_\_White-Anglo-Caucasian

\_\_\_\_\_Multiracial or multiethnic

\_\_\_\_\_Other

\_\_\_\_\_I prefer not to answer

Braille Forum format (MARK ONE):

\_\_\_\_\_Digital cartridge (requires digital NLS talking book player)

\_\_\_\_\_E-mail

\_\_\_\_\_Large print

\_\_\_\_\_Braille

\_\_\_\_\_Do not want

State newsletter format (Mark ONE):

\_\_\_\_\_Large Print

\_\_\_\_\_Braille

\_\_\_\_\_E-mail

\_\_\_\_\_Do not want

My chapter affiliation is (Mark chapter):

\_\_\_\_\_Quazar Chapter

\_\_\_\_\_Member at Large

\_\_\_\_\_Ozarks Chapter

Please enclose annual dues of $7.00 (pay to ACB or Arkansas Council of the Blind) with this completed form by 3/1/22 and Return to:

Rachel Ames – ACB Treasurer

1937 South Custer Lane
Fayetteville, AR 72701

THIS COMPLETED FORM MUST BE RETURNED WITH DUES

Please review this form carefully before sending to ensure you have completed all items and that your responses are clear and legible

If you choose to complete this form using a computer you may email it as an attachment (please add your name to the file name) or copy and paste it in the body of the email to: Arkansas.acb@gmail.com

You will still need to send your dues payment to Rachel using the pre-addressed envelope enclosed or at the above address if you choose to use your own envelope.

\*\*You must put a stamp on the envelope as it contains payment and does not qualify as “Free Matter.”