



Free Slate and Stylus Application

Thank you for your interest in the Free Slate and Stylus Program. Please complete all fields on this application. An email address is not required. Incomplete forms cannot be processed.

Name:

Address:

City:

State:

Zip Code:

Phone
Number:

Email:

Birth Month:

Birth Day:

Birth Year:

Are you a member of the NFB?

Yes No

Are you a Braille reader?

Yes No

By requesting this free slate and stylus, I acknowledge that:

- I am blind or visually impaired.
- This slate is for my personal use.
- It is more than one year since a previous slate request.
- OR, I am requesting a slate and stylus on behalf of a child under the age of 18.

Please sign:

Please mail completed application to:

Free White Cane Program
National Federation of the Blind
200 East Wells Street *at Jernigan Place*
Baltimore, MD 21230