



NFB-NEWSLINE®
APPLICATION/REGISTRATION FORM
200 East Wells Street, Baltimore, Maryland 21230
866.504.7300 • (fax) 410.685.5653
www.nfbnewsline.org

Name _____

Address _____

City _____ State _____ Zip _____

Home Phone () _____ Work Phone () _____

Email _____

I am registered with a state or private vocational rehabilitation agency for the blind.
 Yes No If yes, please specify: _____

I am enrolled in a public school special education program for the blind or state residential school for the blind. Yes No

If yes, please specify: _____

I am registered with a cooperating regional library under the program of the National Library Service for the Blind and Physically Handicapped of the Library of Congress. Yes No

If yes, please specify: _____

If you answered “no” to all the above questions, you must include with this application a copy of a letter from one of the following, which certifies that you are blind or unable to read newsprint due to a disability.

- Your doctor Social Security Award letter
- President of a local chapter or state affiliate of the National Federation of the Blind
- Teacher or counselor of the visually impaired or disabled

I certify that I am visually or physically impaired and unable to read a print newspaper.

SIGNATURE: _____ DATE: _____

PLEASE RETURN THE COMPLETED FORM TO THE ABOVE ADDRESS.

OFFICE USE ONLY

ID#: _____ Security Code#: _____ Date Numbers Given: _____