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: __________