



UTAH COUNCIL OF THE BLIND Membership Application

To help further the work of the Utah Council of the Blind and enjoy the privileges of membership, please complete the following application and return it with your membership dues to: UCB, PO Box 1415, Bountiful, Utah 84011-1415.

Name: _____
Address: _____
City, State, Zip: _____
Phones: Home: _____ Mobile: _____
Date of Birth: _____
E-mail: _____

I am (Please check one):

- Totally Blind
 Legally Blind (Visual acuity no more than 20/200 or visual field subtends an angle no more than 20° in best eye with best correction)
 Visually Impaired (Visual acuity no more than 20/70 or visual field subtends an angle no more than 20° in best eye with best correction)
 Sighted

I prefer to receive UCB correspondence in:

Large Print _____ Braille _____ Audio CD _____ E-mail _____

I prefer to receive the ACB national publications in:

Print _____ Braille _____ Digital Cartridge _____ Email _____

Enclosed is my check or money order for:

_____ \$10.00 Adult Membership _____ \$5.00 Jr. Membership (Under 18)
_____ \$250.00 Lifetime Membership \$ _____ Additional Donation

Total Enclosed: \$ _____

If you would like to pay by debit or credit card, please call 801-245-9264 for more information.