

**Please mail this membership form along with your dues to TPoBC at the address at the bottom of the form.**

I would like to join the Texas Parents of Blind Children and the National Organization of Parents of Blind Children. Enclosed is my \$10.00 for membership dues and a donation of \$ \_\_\_\_\_ for a total of \$ \_\_\_\_\_.

*(Please make checks payable to Texas Parents of Blind Children or TPoBC.)*

Name: \_\_\_\_\_

Please check all that apply:       Parent(s)       Teacher       Other

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Telephone: \_\_\_\_\_ E-mail: \_\_\_\_\_

Name of Child(ren): \_\_\_\_\_

Child(ren)'s Birth Date(s): \_\_\_\_\_

Please send me the following FREE item(s):

\_\_\_\_\_ Future Reflections Sample Issue

\_\_\_\_\_ Braille Literacy Information/Resources

\_\_\_\_\_ Travel (O&M) Information

\_\_\_\_\_ Aids and Appliances Descriptive Order Form

\_\_\_\_\_ Literature Order Form

\_\_\_\_\_ Other information

***Mail this membership form to:***

Texas Parents of Blind Children

Membership Processing

c/o NFB-Texas

1600 E Highway 6

Alvin, TX 77511

TPoBC is a 501(c)3 non-profit organization