

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

_____ Cane 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

PO Box 125

Friendswood, TX 77549-0125