

## Department of Human Services/ Office of Rehabilitation Services Services for the Blind and Visually Impaired 40 Fountain Street ~ Providence, RI 02903

## NFB-NEWSLINE® APPLICATION/REGISTRATION FORM

NAME:					
ADDRESS:					
CITY:		STATE:	Z	IP:	
HOME PHONI	E: ( )	WOI	RK PHONE:(	)	
I am registered	with a state or priv	ate vocational r	ehabilitation ag	ency for the blind.	
	If yes, please g				
I am enrolled in	n a public school spool for the blind.	pecial education	program for the		
If yes, please sp	pecify:				
	with a cooperating by Service for the E by Yes [ ] No				
If yes, please sp	pecify:				
•	d no to all the above of the following co	-		with this application a	
	or f a local chapter or			letter ederation of the Blind	
I certify that I	am blind or visual	ly impaired and	unable to read	a printed newspaper.	
SIGNATURE:			DATE:		
PLEASE RET	URN THE COMP	LETED FORM	TO THE ABO	OVE ADDRESS.	
	OFFICE USE ONLY				
ID#:	Security C	ode#:	Date Number	ers Given:	