



# MCB Membership Application

Missouri Council of the Blind • moblind.org • (800) 342-5632

Plain PDF form. Print or write on the form to complete.

## Applicant Information

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First Name \_\_\_\_\_

Last Name \_\_\_\_\_

Email \_\_\_\_\_

Phone \_\_\_\_\_

Street Address \_\_\_\_\_

City / State / ZIP \_\_\_\_\_

Date of Birth \_\_\_\_\_

Vision Status \_\_\_\_\_

## Membership Type

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Membership Type \_\_\_\_\_

Affiliate Name \_\_\_\_\_

## Preferences

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Chronicle Format \_\_\_\_\_

How Did You Hear? \_\_\_\_\_

## Dues & Payment

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Dues Amount \_\_\_\_\_

Payment Method \_\_\_\_\_

Agreement \_\_\_\_\_

Mail completed form to MCB St. Louis office.